

# GREAT SEX

A MAN'S GUIDE TO  
THE SECRET PRINCIPLES OF TOTAL-BODY SEX

BY MICHAEL CASTLEMAN



**FOR ANNE,  
MY TRAVELING COMPANION ON THE ROAD TO GREAT SEX,  
  
AND FOR MY CHILDREN,  
WHO, I HOPE, WILL CONNECT WITH EQUALLY CREATIVE LOVERS  
AND DISCOVER GREAT SEX FOR THEMSELVES.**

MAKING LOVE IS PERFECTLY NATURAL,  
BUT NEVER NATURALLY PERFECT.

—THEA SNYDER LOWRY

## OTHER BOOKS BY MICHAEL CASTLEMAN

### **Non-fiction:**

*The New Healing Herbs: The Classic Guide to Nature's Medicines.* Updated revision of *The Healing Herbs* (Rodale Press, 2001)

*Blended Medicine: How to Combine the Best of Mainstream and Alternative Medicine for Optimal Health and Wellness* (Rodale Press, 2000)

*There's Still a Person In There: The Complete Guide to Preventing, Treating, and Coping with Alzheimer's Disease.* Coauthored with Matthew Naythons, M.D., and Dolores Gallagher-Thompson, Ph.D. (Putnam, 2000)

*Nature's Cures: 33 Natural Therapies to Improve Your Health and Well-Being* (Rodale Press, 1996)

*An Aspirin a Day: How the Familiar White Pills Help Prevent Heart Attack, Stroke, and Cancer* (Hyperion Books, 1993)

*Before You Call the Doctor: Safe, Effective, Self-Care for Over 300 Common Medical Problems.* Coauthored with Anne Simons, M.D., and Bobbie Hasselbring (Ballantine Books, 1992)

*The Healing Herbs: The Complete Guide to Nature's Medicines* (Rodale Press, 1991)

*Cold Cures: The Complete Guide to Prevention and Treatment of the Common Cold and Flu* (Ballantine Books, 1987)

*The Medical Self-Care Book of Women's Health.* Coauthored with Sadja Greenwood, M.D., and Bobbie Hasselbring (Doubleday, 1987)

*Crime Free: The Community Crime Prevention Handbook* (Simon and Schuster, 1984)

*Sexual Solutions: For Men and the Women Who Love Them* (Simon and Schuster, 1980, 1989)

### **Fiction:**

*The Lost Gold of San Francisco* (21st-Century Publishing, 2003)

Thank you for downloading this Rodale e-book.



Live happy. Be healthy. Get inspired.

Sign up for our newsletter to receive exclusive bonuses  
and discover the best ways to get fit, be well,  
and live your life to the fullest.

[Sign Up](#)

Visit us online at [RodaleWellness.com/Join](http://RodaleWellness.com/Join)

# CONTENTS

## ACKNOWLEDGMENTS

## INTRODUCTION

### **PART 1: PRINCIPLES OF GREAT SEX FOR MEN**

#### CHAPTER 1

Total-Body Sensuality: The Foundation of Great Sex

#### CHAPTER 2

Fit for Great Sex:  
Your Fitness, Nutrition, and Lifestyle Choices Matter

#### CHAPTER 3

Sexual Static: Common Hang-Ups That Sabotage Sex

#### CHAPTER 4

Reliable Erections: Every Man's Guide for Life

#### CHAPTER 5

Last as Long as You Want:  
Principles of Superb Ejaculatory Control

#### CHAPTER 6

Men's Secret Sex Problem: Difficulties with Ejaculation

### **PART 2: WOMEN'S SEXUALITY AND PLEASURE**

#### CHAPTER 7

Her Body: An Advanced Guide

#### CHAPTER 8

Her Pleasure and Orgasm: Helping Her Enjoy Great Sex

#### CHAPTER 9

Supporting Her:  
What to Do When Sex Is a Challenge for Her

#### CHAPTER 10

Sexual Trauma: What Every Man Must Know

## **PART 3: MEETING EVERYONE'S NEEDS**

### **CHAPTER 11**

“You Want to Try What?”: Taking Sex to the Next Level

### **CHAPTER 12**

Birth Control and Safe Sex: Smart Decisions Make Sex Great

## **PART 4: SEXUAL DESIRE AND SATISFACTION**

### **CHAPTER 13**

“You Never Want To.”“You’re Insatiable.”:  
The Struggle Over Desire Differences and Libido Loss

### **CHAPTER 14**

Aphrodisiacs: The New Science of Sexual Stimulation

### **CHAPTER 15**

When Self-Help Isn’t Enough:  
A Couple’s Guide to Sex Therapy

## **RESOURCES**

## ACKNOWLEDGMENTS

Special thanks to the members of the *Great Sex* Advisory Board, who gave so generously of their time and expertise, and who are quoted throughout the book:

### LINDA PERLIN ALPERSTEIN, M.S.W., L.C.S.W.

has been a sex therapist for 25 years with a private practice in San Francisco, California. She is an associate clinical professor in the department of psychiatry at the University of California, San Francisco (UCSF) School of Medicine, and the former co-director of training at the UCSF Human Sexuality Program. In addition to her therapy practice, she teaches workshops on sex-related issues for medical students, psychiatry residents, psychotherapists, and sex therapists.

### MARTY KLEIN, PH.D.

has been a sex therapist and relationship counselor in Palo Alto, California, for more than 20 years. He has written more than 200 articles and five books, among them: *Beyond Orgasm: Dare to Be Honest About the Sex You Really Want*, *Let Me Count the Ways: Discovering Great Sex Without Intercourse*, and *Ask Me Anything: A Sex Therapist Answers the Most Important Questions about Sex for the '90s*. Klein publishes the monthly e-newsletter, Sexual Intelligence, and maintains the Web site [www.SexEd.org](http://www.SexEd.org).

### DENNIS SUGRUE, PH.D.

has been a sex therapist for more than 20 years. He practices in Bloomfield Hills, Michigan. He is a clinical associate professor of psychiatry at the University of Michigan Medical School. He is the founder and former co-director of the Henry Ford Center for Human Sexuality in Farmington, Michigan. He is a past-president of the American Association of Sex Educators, Counselors, and Therapists (AASECT), the nation's largest credentialing organization for sexuality professionals. He is coauthor of *Sex Matters for Women: A Complete Guide to Taking Care of Your Sexual Self*.

### LOUANNE COLE WESTON, PH.D.

has been a sex therapist and marriage, family, and child counselor for more than 20 years. She practices in Fair Oaks, California. For 7 years, she wrote the Sex Matters question-and-answer column for the *San Francisco Examiner*. Currently

she answers sexuality questions for WebMD.

SINCERE THANKS ALSO TO:

Rosemary Basson, Ph.D., Marianna Beck, Ph.D., Vena Blanchard, Ph.D., Joani Blank, Kelly Bodden, Susie Bright, Joe Catania, Ph.D., Rebecca Chalker, Bill Clark, Karen Croft, Bill Dillingham, Jim Dillingham, Betty Dodson, Ph.D., Sandor Gardos, Ph.D., Howard Gordon, Jack Hafferkamp, Ph.D., Barbara Jonas, Michael Jonas, Ben Kallen, Nava Lerner, M.A., Janet Lever, Ph.D., Amy Levinson, Jack Morin, Ph.D., Richard Pacheco, Jim Petersen, Chip Rowe, Jocelyn Saurini, Pepper Schwartz, Ph.D., Anne Semans, Anne Simons, M.D., Kathy Sisson, M.A., James Smolev, M.D., Matthew Solan, David Steinberg, David Talbot, Eric Wilkinson, Cathy Winks, Jay Wiseman, Hank Wuh, M.D., and The Lawrence Research Group's Xandria Collection, Brisbane, California.

AND HEARTFELT THANKS TO:

My agent, Katinka Mason, of Brockman, Inc., who, for 27 years, has piloted my little boat through the choppy waters of publishing.

Jeremy Katz, executive editor of *Men's Health* Books at Rodale Inc., who loved the concept of *Great Sex*.

And Leah Flickinger, indefatigable editor extraordinaire, who worked as hard as I did to bring this book to fruition.

# INTRODUCTION

## THE SURPRISINGLY SIMPLE SECRET OF GREAT SEX

Would you like to be the great lover you've always dreamed of being? Would you like women to sing your sexual praises? Do you want your penis to be as large as it possibly can be? Would you like ejaculatory control to last as long as you want? Are firmer, more reliable erections on your wish list? And would you like your relationship to feel more erotic, both in and out of bed? All these sexual benefits—and more—can be yours without a great deal of effort. *Great Sex* explains how.

Before I reveal the surprisingly simple secret of great sex, I should mention that I'm not a doctor, psychologist, or sex therapist. But for 30 years, I've been a sex educator, counselor, and journalist specializing in men's sexuality. During that time I've interviewed the nation's leading sex researchers and therapists, and have written extensively about sexuality, particularly about men's sexual issues. For 5 years, I answered the sex questions submitted to the *Playboy* magazine Advisor. Since 1998, I've answered the questions submitted to [Xandria.com](http://Xandria.com), the Web site of the nation's largest marketer of sex toys.

The information in this book comes not only from my three decades of research and writing, but also from the leading resources in sexology and sex therapy. Space does not permit listing the additional 51 books and 374 medical journal articles I also consulted. If you'd like to peruse them, visit [www.greatsexthebook.com](http://www.greatsexthebook.com). The book also took shape with the assistance of some of the nation's most experienced sex therapists (see [here](#) for biographies of the *Great Sex* advisory board members). Also central to this volume are the two largest and most comprehensive American sex surveys completed to date. The landmark 1994 "Sex in America" survey from the University of Chicago studied a representative sample of 3,150 men and women aged 18 to 59. The National Sexual Health Survey, a 1996 study from the University of California, San Francisco, involved a representative sample of 8,000 Americans aged 18 to 80.

Combine these resources with many years of my own experience in the field, and I like to think I've learned a thing or two about lovemaking—notably, the

surprisingly simple secret of great sex. This secret is the central message of this book: *Stop trying to imitate what you see in pornography—the rushed, mechanical sex that's entirely focused on the genitals. Instead, cultivate the opposite of porn: leisurely, playful, creative, whole-body, massage-based lovemaking that includes the genitals, but is not obsessed with them.*

Porn is all-genital, all the time—and that wreaks havoc on men in bed. When you stop trying to imitate porn, most of your sex problems disappear—in particular, involuntary ejaculation, erection difficulties, and trouble ejaculating. The reason is that our bodies work best sexually in the context of relaxed, full-body sensuality. Unfortunately, the approach to lovemaking most familiar to the majority of men is pornography, and familiarity breeds imitation. Mimicking porn also hurts men another way: It makes them lousy lovers. According to the “Sex in America” survey, one-quarter of women have difficulty expressing orgasm during partner sex, or can’t come at all.

The sexual approach I advocate happens to be the way most women enjoy making love. Every major sex survey agrees that the vast majority of women would like men to expand their erotic view beyond the genitals and adopt a love style based on whole-body, massage-inspired sensuality. Most women consider the entire body—every square inch—one big erogenous zone, and can’t understand why so many men explore only a few corners of this vast erotic playground. Many women find it impossible to become sexually aroused with only the limited, largely genital touch so many men provide.

When men make love the way women prefer, women become more arousable, enthusiastic, and complimentary lovers. They’re more likely to enjoy orgasm, and less likely to say, “Not tonight.” In other words, when men jettison porn-style sex and embrace a creative, whole-body approach to lovemaking, everybody wins. Both you and your lover have more fun in bed and suffer fewer sex problems—not to mention that your relationship is likely to feel more intimate and fulfilling out of bed as well as between the sheets.

Impossible? Not at all. The simple secret of great sex can transform your erotic life for the better—much better—often in just a few weeks. All you have to do is to abandon forever the idea that sex should proceed the way it does in adult entertainment. Don’t get me wrong. I’m a regular guy just like you. I’ve seen a good deal of porn, and I happen to be an enthusiastic admirer of women’s breasts, butts, and genitals. These wonderful body parts certainly should be a part of your lovemaking, but not to the exclusion of what really excites the vast majority of women—gentle, loving, sensual touch of everything else. So from one regular guy to another: Ditch porn-style sex and the many problems it causes in favor of the love style that turns her on, and turns you into the confident,

accomplished lover you want to be.

Now about porn. Social liberals defend it as a form of free speech, and some sexuality professionals recommend it to pique erotic interest, or to familiarize people with some sexual techniques. Meanwhile, social conservatives excoriate porn as debased, sinful, abusive of women, and evidence of moral decay.

Let me state at the outset that in the Great Porn Debate, I side with the liberals. I have no problem with pornography's unprecedented availability in video shops, on cable TV, and over the Internet, nor do I believe that sexually explicit music lyrics should be restricted. I have two teenagers at home, and I don't lose any sleep over their listening to songs with sex-drenched lyrics, or viewing the pornography they can see for free on the Internet (though when one asked about using my credit card to subscribe to a porn site, I said no).

But the bitter cultural debate about sexually explicit media misses a key point. Pornography is bad for sex. Very bad. It causes or contributes to all of men's major sex problems: hang-ups about penis size, involuntary ejaculation, erection impairment, and ejaculatory difficulties. It also completely misrepresents how women become sexually aroused and experience erotic fulfillment. Pornography is like the chase scenes in action movies—exciting and fun to watch, but definitely not the way to drive.

Let's get one thing straight: I'm not down on men. My heart goes out to guys who try to be good lovers but get no real coaching except from adult media. In our society, despite women's decades-long march to sexual equality, girls are raised to be sexually passive. As a result, young men feel pressured to know the ins and outs, as it were, of sex, so they can lead their presumably more naive girlfriends in intimate explorations. Few parents discuss the fine points of sex with their sons. At school, if a young man receives any sex education at all, it is confined to sperm, eggs, sexually transmitted infections, the importance of abstinence until marriage, and possibly the various contraceptives.

Faced with woefully inadequate sex education at home and in school, what do guys do? They fall back on the resources available to them—other poorly informed young men, and pornography, which ignores whole-body sensuality and instead features men with elephantine penises and women who can never get enough.

Since the mid-1960s when William Masters, M.D., and Virginia Johnson developed modern sex therapy, it has become abundantly clear why so many couples' sex lives are agony instead of ecstasy. The rushed, mechanical, all-genital love style most men learn at the curbside, in the locker room, and from pornography ignores women's erotic needs and causes men's sex problems.

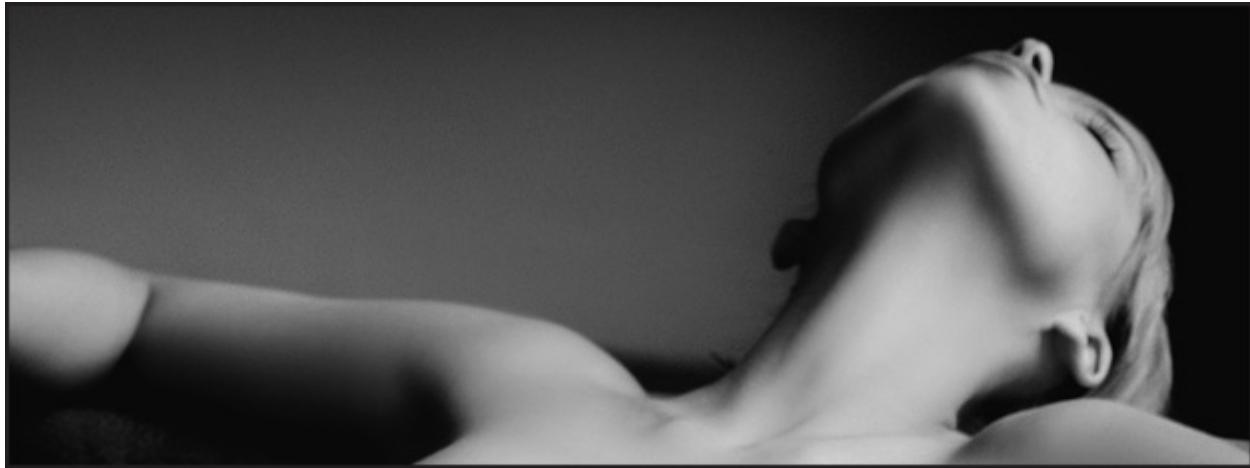
It's possible that you might require a prescription or several months of sex

therapy to resolve your sexual concerns. But for all the anguish that sexual difficulties cause, sex is pretty straightforward; and many problems, perhaps most, can be resolved with self-help.

Of course, there is no dearth of sexual self-help books. But only *Great Sex* is organized around the simple secret of great sex. In our sex-obsessed culture, it's a sad commentary that this secret remains such a mystery. Men need to slow down, understand women's real sexuality—not the nonsense depicted in porn—and appreciate leisurely, playful, whole-body sensuality. If you do, here's what I guarantee: You'll suffer fewer sex problems. The woman in your life will be more sexually responsive. And both of you will feel happier with each other and more erotically fulfilled.

Michael Castleman  
San Francisco, 2003  
[www.mcastleman.com](http://www.mcastleman.com)

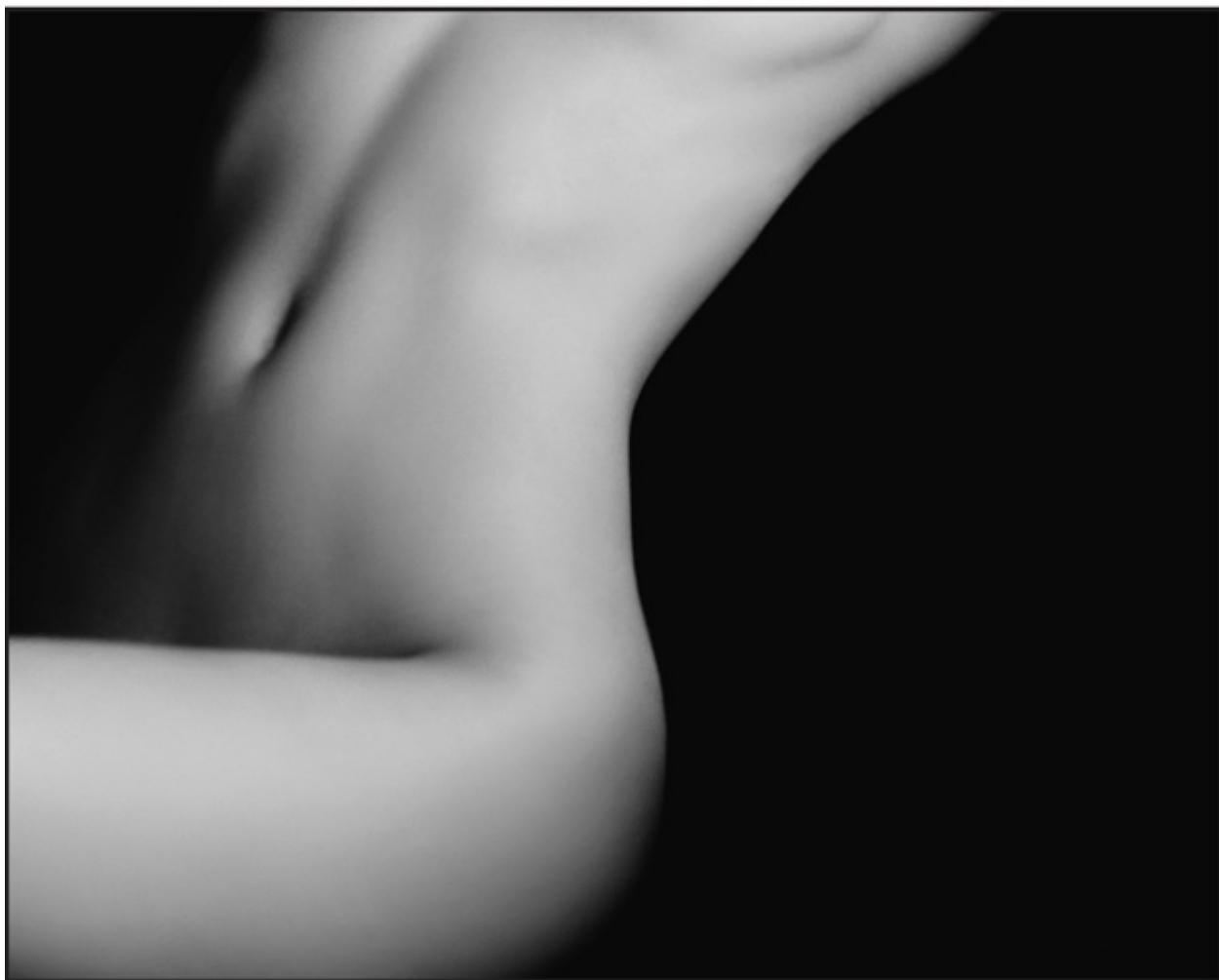




# PART 1

## PRINCIPLES OF

## GREAT SEX FOR MEN



# TOTAL-BODY SENSUALITY

## THE FOUNDATION OF GREAT SEX

Does a great basketball player shoot with just his wrist? No. He uses his whole body. Everything works together as a well-coordinated whole. This same principle is the basis of great sex. Most of us are preoccupied with what's between the legs—our own and our partner's. But great sex is far more than that. It's a celebration of whole bodies, not just a few body parts. And it's based on full-body sensuality. "Every sex therapist wholeheartedly endorses a whole-body, sensual approach to sex," says *Great Sex* advisory board member Dennis Sugrue, Ph.D. In fact, it's the simple secret to great sex. Here's your sense-by-sense guide.

### TOUCH

Mention "sex" and "skin" and most men think "penis." Sure, the penis is important to sex, but here's a key concept many men don't appreciate: For truly great sex, the rest of your skin is just as important—actually more so. Why? Because your skin is your body's largest sense organ—and its most sexually potent. Made up of hundreds of millions of nerve fibers, your skin provides an impressive amount of surface area, all of which responds exquisitely to touch, particularly erotic touch. And more of the brain is devoted to touch than to any other sense.

Human beings can live rich lives without sight, hearing, taste, or smell; but without touch, life loses its richness. An example from history shows that, in some cases, we can't live at all. In the late 19th century, American infant-care experts insisted that holding and cuddling babies was "primitive." As a result, many orphanage staffs and affluent, well-educated Americans adopted a hands-off attitude toward infant care. Interestingly, this message did not trickle down to

poor, less-educated women, who continued to hold, hug, and cuddle their infants as their ancestors always had.

By 1910, pediatricians began reporting a strange new disease that caused many healthy infants to withdraw, lose weight, and die. They called it “marasmus” from the Greek for “wasting away.” When public health officials investigated, they made some surprising discoveries. At the time, the vast majority of infant diseases were associated with poverty. So it made sense that marasmus (now called failure to thrive) was epidemic in orphanages. But strangely, it struck infants in many affluent families and bypassed infants in poor families.

Eventually, physicians identified its cause—lack of cuddling. When parents and orphanages returned to “primitive” infant cuddling, marasmus disappeared. Today, child development experts agree that infants cannot be held and cuddled too much.

“Failure to thrive has never been documented after infancy,” explains Stella Resnick, Ph.D., a sex therapist in Los Angeles. “But the fact that lack of touch can cause death, even during a brief period of life, shows how important it is. Think of touch as a nutrient transmitted through the skin. Cuddling and massage are deeply nurturing and relaxing. And they’re fundamental to great sex.”

Response to massage-like cuddling is hardwired into our nervous systems. Painful sensations—fingers on a hot plate, grit in a shoe—are transmitted to the brain through nerve fibers that trigger the release of stress hormones. But your skin also contains nerves that respond to pleasing touch and stimulate the release of other hormones that produce feelings of relaxation and well-being. “Gentle massage stimulates the release of oxytocin, a hormone that enhances sexual pleasure and contributes to arousal and orgasm,” says Hank Wuh, M.D., author of *Sexual Fitness*.

When massage-style caresses excite the skin—all of it—anxiety melts away, mood improves, and pain subsides. In addition, slow-paced, whole-body massage helps prevent and treat two of men’s sex problems, notably rapid ejaculation and erection difficulties.

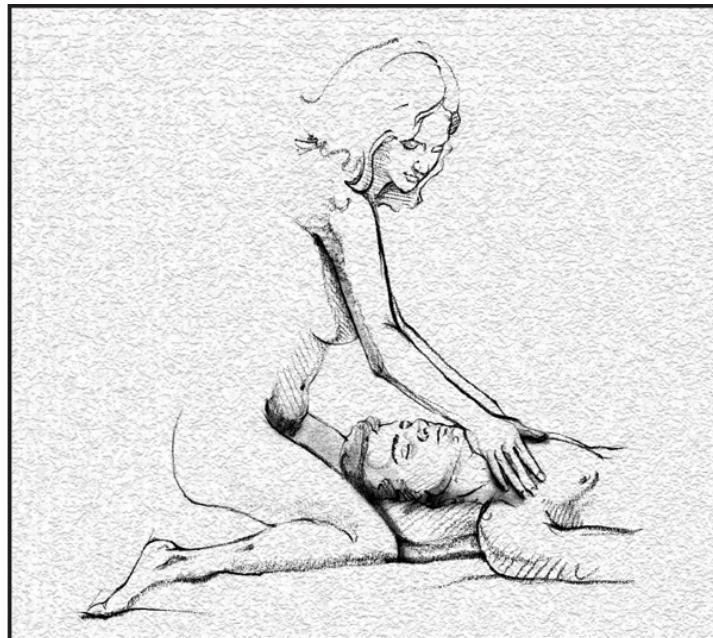
It’s also critical to women’s sexual responsiveness. Without extended, whole-body massage, many women cannot become sexually aroused, produce vaginal lubrication, and express orgasm. “Men become aroused visually,” says Sugrue, “for example, by watching a lover slowly undress.” In contrast, most women are more aroused by touch. “I often advise couples to take turns arousing each other the way they like best,” he says. “She can dance a strip-tease for you, then you can take her in your arms and massage her all over.”

## THE BASICS OF MASSAGE

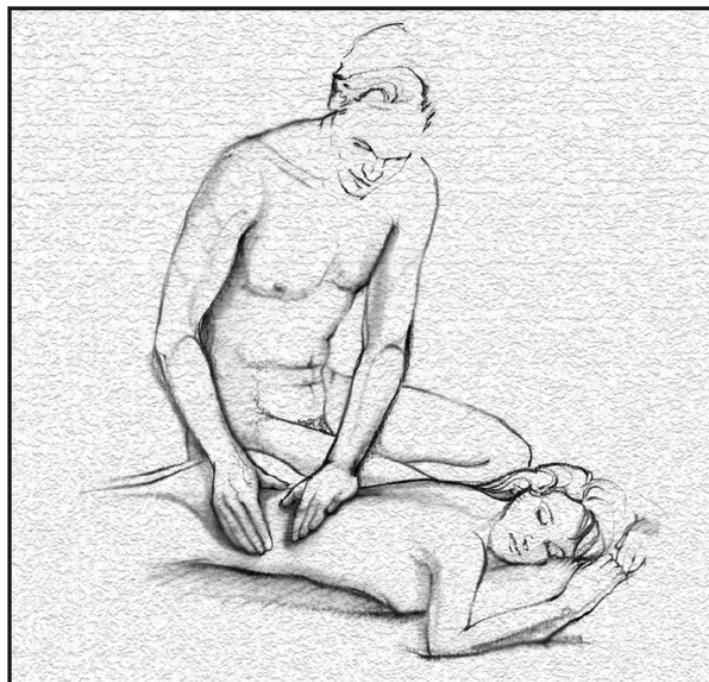
When you hear the word massage, you might associate it with massage parlors where about the only thing you *can't* get is a good massage. Nonprostitute massage therapists omit the genitals, but who cares? A professional (nonsexual) massage can be a wonderful prelude to lovemaking. Afterwards, when you and your lover climb into bed, you can play with each other's genitals all you want.

If you're new to massage, here are a few basics. In the United States, two massage styles predominate—Swedish and deep-tissue, or shiatsu. Developed 150 years ago by Per Henrik Ling, Swedish massage integrates ancient Asian massage techniques with a Western understanding of anatomy and physiology. It employs long, gliding strokes using the whole hand or the heel of the palm, or kneading strokes with the fingers. Swedish massage strokes can vary from light and feathery to firmer, deeper pressure. A good massage therapist should ask you to specify the kind of strokes you prefer.

Shiatsu massage is a Japanese adaptation of acupuncture. In Japanese, *shi* means “finger” and *atsu* “pressure.” Like the Chinese needle therapy, shiatsu emerges from the idea that life energy (or *chi* in Chinese, *ki* in Japanese) circulates around the body along pathways called meridians. When this energy flows freely, it produces health and pleasure. Blockages cause illness and distress. Finger pressure on the points associated with various illnesses releases blocked energy, re-establishing optimal energy flow. Body charts illustrate where the points are located. When pressed, the points announce themselves with tenderness, tingling, or mild discomfort (but not pain). Point massage involves a circular, boring movement with the thumb or forefinger for about 30 seconds.



(A)



(B)

Swedish massage is the type most easily incorporated into lovemaking. It employs long, gliding strokes using the whole hand or the heel of the palm (A), or kneading strokes with the fingers (B).

You can find massage supplies (oils, lotions, mittens, vibrators, et cetera) and excellent instructional videos so you and your partner can give each other sensual massages. See the Resources section at the back of the book for supplies

or to find a massage therapist in your area.

*Important tip:* Avoid using sexual lubricants as massage lotions and vice versa. Sex lubes and massage lotions are formulated differently. Lubricants are great for intercourse, but they dry too quickly when used for total-body massage, and may feel sticky. Massage lotions feel marvelous on the skin, but are generally not slippery enough to work well as genital lubricants.

## THE SEXUAL BENEFITS OF WHOLE-BODY MASSAGE

“Every square inch of the body is a sensual playground,” says *Great Sex* advisory board member Louanne Weston, Ph.D. “It’s sad that so many men explore only a few corners—women’s breasts and genitals—and often ignore everything else.”

Why don’t men realize the importance of massage in great sex? Why do some men even question its benefit? Partly because, ironically, as men leave childhood and enter adolescence we often “lose touch” with touch. “Men slap each other’s backs,” Sugrue explains, “but don’t share gentle, affectionate touch the way women do. I often ask men to think back to when they were teens, to how erotically powerful such nonsexual activities as holding hands, kissing, or a hand on a thigh could feel. Rediscovering the pleasure of total-body touch and massage is an important part of sex therapy for many men.”

Another reason why many men feel skeptical of massage-based lovemaking is its association with foreplay. The term “foreplay” suggests that it’s something you do before the main event (intercourse), something separate from it. In our headlong rush into intercourse, many men ignore 90 percent of women’s most potent sexual organ—every square inch of their skin.

Rushed foreplay represents a major misunderstanding of how women respond sexually. Most women prefer extended, playful, total-body massage that includes their breasts and genitals, but isn’t preoccupied with them. In fact, it’s worth repeating that to experience sexual arousal, most women absolutely require total-body caressing. “There’s no way I’m going to get aroused with a minute or two of rubbing here and there,” says New York City sex educator Betty Dodson, Ph.D. “I need at least 20 minutes of gentle caresses all over—preferably more.”

Rushed foreplay is also a one-way ticket to sex problems for you, notably rapid ejaculation and erection difficulties. Rock music is replete with lyrics about doing it “all night long,” but with rushed foreplay, many of us can’t even do it for 2 minutes. The reason is that your penis is very sensitive. It enjoys arousal, but if it happens too quickly, it can’t take the pressure, and it either ejaculates quickly or goes soft. Extended, total-body caresses distribute sexual

arousal around the entire body, taking the pressure off your penis. It still becomes highly aroused—in fact, more aroused—but because you’re aroused from head to toe, your penis isn’t the focal point. That helps it behave the way you want it to.

Professional massages also help you get used to the idea of slowing the sexual pace to incorporate total-body sensuality. Some men resist massage, just as they resist extended sensual lovemaking. They dismiss both as “touch-feely crap.” My advice? Embrace the hands-on experience. Make love a few times shortly after professional massages, and I bet your penis behaves better, your partner becomes more aroused and responsive, and that “touchy-feely crap” starts making more sense.

Formal massages can be wonderful preludes to sex, but they’re not necessary for total-body sex. You can enjoy many of the same benefits simply by taking a hot bath or shower together before lovemaking. Use soft washcloths and nice-smelling soap over every square inch of each other’s bodies. The warmth relaxes tense muscles. And soaping and drying each other can be a marvelous turn-on. For extra sensual enhancement, dry off with warm towels. Before you get into the water, drape your towels over a heater or toss them into the dryer, so they’ll be warm when you use them. You can do the same with bathrobes.

Replacing rushed foreplay with relaxed, full-body caresses is probably the single most important improvement men can make in their lovemaking. And once you get used to it, you’ll probably find that extended sensuality also enhances your own experience of sex.

## FOREPLAY? FORGET IT!

Okay guys, you have my permission to skip foreplay as most of you know it. I give you license to scrap the linear, end-result sex pornography inspires so many men to pursue. Great sex is a whole lot more than a few kisses, a quick sweep of her breasts and between her legs, some thrusts, and bang!

I challenge you to find the foreplay in the following scenario: You light some scented candles and watch an erotic video for a while, gently holding, kissing, and stroking each other’s faces and arms. Next, you feed each other strawberries or olives as you undress, caressing each other some more. Then, you shower together, dry each other, and have a glass of wine. After that, you turn on some music, ease into bed, and lie face-to-face, kissing, lightly caressing each other. Then, you suck each other’s nipples for a while, trade foot massages, and after that, fondle each other’s genitals for a time. Then you treat each other to oral sex. After a while, you have intercourse, then uncouple and feed each other some more snacks, while continuing to kiss and caress. Next, you return to oral or vaginal intercourse, but in some different positions. And on and

on, all night long.

Can't find the foreplay? That's because it's not there. It's all sex—quite simply, great sex.

Compared with perfunctory foreplay, this kind of spontaneously creative sex raises oxytocin levels much higher, providing some potent sexual benefits. Both you and your lover experience greater whole-body sensual arousal. This makes sex more enjoyable for her, and ultimately makes the prospect of genital play more appealing. Both you and she are more likely to enjoy intensely pleasurable orgasms. And your penis is much more likely to get hard, stay hard, and you'll ejaculate when you want to. In addition, it gives you plenty of time to discuss contraception and condom use to prevent sexually transmitted infections.

## SIGHT

When it comes to sex, men are visual creatures. We love the sight of naked women. We enjoy pornography. Nothing's wrong with that. But there's more to sexually alluring sights than nakedness and videos of the old in-and-out. Spicing up the visual environment in which you make love can heighten arousal for you and your lover.

One reason so many people are in the dark about total-body sex is that they make love with the lights off. Try candles. They illuminate lovemaking with a shimmering, romantic glow. Another visual treat involves watching your lover undress. Don't rush this. Think of it as a gift. When you receive a gift, unwrapping it is half the fun. It heightens the anticipation. The same goes for sex. Slowly undressing each other turns ordinary lovemaking into a gift-wrapped, sensual surprise.

Erotic videos can also spice up sex. Many sex therapists recommend X-rated videos as sex stimulants and erotic enhancements. Most men need little coaxing to watch porn. Many women enjoy it as well. But quite a few women dislike traditional male-oriented pornography. They often prefer videos produced by former porn actress, Candida Royalle, whose Femme Productions videos exude a more feminine sensibility. Femme videos include plenty of you-know-what, but compared with standard porn, the characters appear more real and the sex takes place in the context of more loving relationships. Women enjoy Femme videos more—and find them more arousing. Or try an instructional erotic video. Several are as erotic as they are educational. (See Resources.) Or flip through books of erotic art or photography.

Frankly sexy sights can be a terrific turn-on. But so can other visual delights—a sunset, an elegant restaurant, a bubbling hot tub, or your honey beckoning to you from in front of a hearth with a roaring fire.

## SOUND

Down through the ages, music has been used extensively in healing. In the Bible, the young David plucked a harp to soothe troubled King Saul. Apollo, the Greek god of medicine, was also the god of music. And the Greek philosopher Pythagoras advised daily singing to relieve worry and sorrow. Today, the United States boasts more than 5,000 music therapists, who, among other things, use music to help people achieve a state of deep relaxation. Many studies show that music reduces anxiety, elevates mood, helps relieve pain, and improves the quality of life. As a result, it enhances sex.

Here are some suggestions for using sound to heighten arousal and sexual pleasure.

**Make noise.** Many people make love in silence. If pillow talk distracts either of you from your erotic focus, then perhaps silence is golden. But most people enjoy hearing a lover whisper: “You’re beautiful,” “You turn me on,” “I love you,” and other intimate endearments. And here’s a question many women appreciate in a prone position: “Is this okay?” Many men assume their lovers enjoy their moves. Maybe so; or maybe not. When men invite women to coach them in how to provide pleasure, women usually appreciate it—and get more turned on.

The sounds of sexual pleasure are also contagious. Deep breathing, loud sighs, and little love moans help you relax and tell your lover you’re very turned on—and often spread the excitement. Some men feel reluctant to make noise during sex, fearing that it’s too “animalistic,” or that it signals they’re not in control. On the contrary: You don’t have to scream to communicate how much she turns you on.

**Make sex musical.** These days, small portable boom boxes make it easy to listen to music in your bedroom or anywhere you enjoy making love. Play anything you both enjoy. Discuss the volume. Some lovers prefer soft music. But if your walls are thin and you feel self-conscious making love noises that people in the next room might hear, louder music can mask the sounds you’d rather keep private.

**Eavesdrop.** The companies I mention in the Resources section at the back of this book all sell erotic books on tape or music collections specifically produced to accompany lovemaking. Erotic books on tape or similar stories might not be your cup of tea in the bedroom, but try them in your car on the way home after a date as you shift emotional gears toward sex. Listening to erotic stories can help you make the transition.

## **TASTE**

If you doubt the erotic power of food, rent the video of *Nine and a Half Weeks*, and check out the refrigerator scene. Mickey Rourke and Kim Basinger work themselves into an erotic frenzy by feeding each other such sensual treats as chocolate, strawberries, and globs of jello. Fine food—and the conversation that accompanies it—can make what happens after dessert taste even more delicious.

Or take some snacks to bed. Try feeding each other bits of fruit, cheese, or anything you both find appealing. Or incorporate food items into your lovemaking. Whipped cream in aerosol cans is a favorite. Apply it almost anywhere, then lick it off. The same goes for chocolate syrup and fruit preserves. Use your imagination. Just go easy on one ingestible—alcohol. When used to excess, it's a major sex killer.

There's more to sensual taste than just food. There's the delicious taste of your lover: her lips, tongue, nipples, and genitals. If you like how she tastes, let her know. You might also experiment with chocolate body paint, flavored sexual lubricants, or a vibrator that comes with slip-on candy sleeves (see Resources).

## **SMELL**

The nose is one of our most erotic organs. Studies by neurologist Alan Hirsch, M.D., director of the Smell and Taste Treatment and Research Foundation in Chicago, show that certain aromas elevate mood, reduce anxiety, and help control pain—all of which contribute to sexual pleasure. And beyond formal research, many people agree. Just look at the \$6 billion perfume industry and the popular alternative healing art of aromatherapy.

Meanwhile, during the past 20 years, it has become clear that the almost indiscernible fragrances of human pheromones exert subtle but powerful effects on human sexuality.

Pleasant aromas—and some surprising ones—enhance total-body lovemaking. Most scented products and aromatherapy items use fragrant plant oils. Not only do they smell great, they enhance lovemaking by contributing to sensuality. Many plant oil scents are relaxing, which helps people feel more sexual. And they help you separate the smells of everyday living from the special aromas you associate with lovemaking. Before getting into bed, take a bath or shower with a nice-smelling soap, trade massages with fragrant lotions and oils, or fill the bedroom with fresh-cut flowers or scented candles.

Certain scents also increase bloodflow to the genitals. Researchers at the

Smell and Taste Treatment and Research Foundation in Chicago wired volunteers' penises with bloodflow monitors, then exposed them to various fragrances. The ones that produced the greatest inflow were:

1. A combination of lavender (a key fragrance in aromatherapy) and pumpkin pie, with its aromas of pumpkin, cinnamon, and nutmeg.
2. A combination of licorice and fresh doughnuts.
3. A combination of doughnuts and pumpkin pie.
4. Fresh-baked cinnamon buns.

Enjoy one or more of these as you get ready to make love. Or take one or more to bed with you, and feed pieces to each other.

## QUICKIES

### How Do THEY FIT INTO TOTAL BODY SEX?

If the most fulfilling lovemaking requires leisurely, playful, total-body sensuality, where does it leave the hot, rip-your-clothes-off quickie?

Quickies can play an important role in your sexual repertoire. But they don't promote great sex in quite the same way as total-body sensuality. For starters, don't expect your best orgasms from quickies. The more sensual your lovemaking, the more intense and satisfying your release.

And quickies simply are not as pleasurable for women as they are for men. Even young, hormone-driven gals generally prefer extended, playful sensuality to a mad dash for intercourse. Quickies rarely provide women enough time to reach orgasm. And because they don't include enough touching and caressing for her to warm up sexually, she may have trouble producing enough vaginal lubrication to make intercourse comfortable, much less enjoyable. Women aren't the only ones who suffer. The fast pace of quickies may cause you to struggle with ejaculatory control and erection problems.

As you age, quickies can become even more challenging. Young men may be able to raise full erections at the drop of a zipper, but this is less likely for older men. "There's an old joke about sex as men age," *Great Sex* advisory board member, Linda Alperstein, M.S.W., L.C.S.W. says. "What young men want to do all night takes older men all night to do."

Nonetheless, "Sex doesn't have to be an elaborate affair every time," Sugrue explains. "Seven-course banquets are wonderful, but every now and then, fast food hits the spot."

To make the most of a quickie:

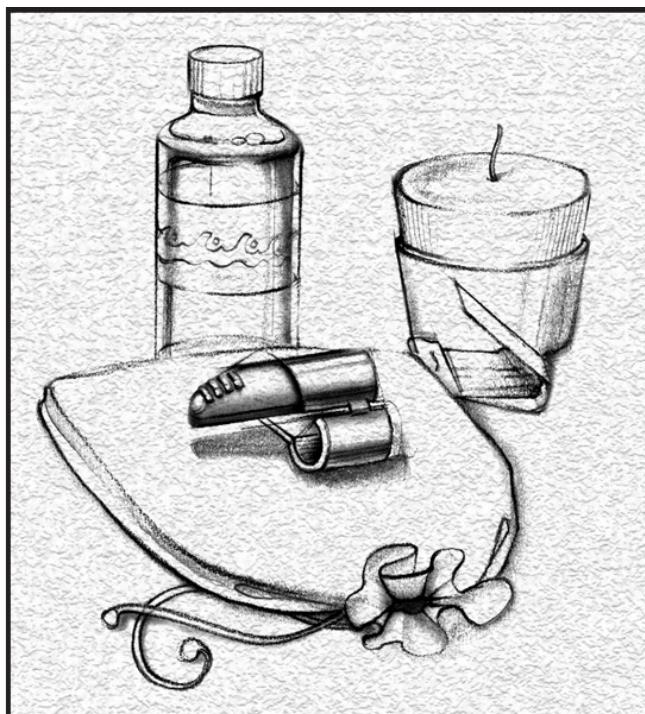
**Heat up the anticipation.** If you have to travel to enjoy your brief rendezvous, get on the phone and start talking about how hot you feel beforehand. That way, by the time you rush into each other's arms, you're already aroused.

**Make it a total-body quickie.** You may not have much time, but that's no reason to jettison sensuality entirely. Arrange your tryst to include as much music, visual interest, fragrance, tasty treats, and massage as your time together allows. Consider creating a "quickie kit" containing some lubricant, a candle, matches, perhaps a vibrator, and anything else you and your lover

enjoy. A portable radio and scented candles can be used almost anywhere. If this is a planned quickie, stop by a market and pick up some treats to feed one another, for example, cold shrimp and spicy cocktail sauce. Be creative with your kissing. As you undress one another, enjoy some nongenital massage.

**Use a lubricant.** Quickies may not give the woman time to self-lubricate enough to enjoy intercourse comfortably. A commercial lube can help.

**Keep a vibrator handy.** The faster the sexual pace, the more difficult it is for women—and older men—to experience orgasms. Vibrators can help women come quickly, and vibrating penis sleeves can do the same for men.



A quickie kit can come in handy when you want to maximize the moment.

## HOW TOTAL-BODY SENSUALITY ENHANCES INTIMACY

I don't have to tell you that there's a disconnect between men and women when it comes to intimacy. Women complain that men have trouble with intimacy, that they go overboard on sex and short-change emotional expression. But to many men, intimacy is sex. Clearly, men and women conceive of intimacy differently. Total-body sensuality can bridge this gap.

Let's start with some definitions. What does it really mean to be intimate with someone? Intimacy requires mutual self-revelation. In other words, you must have enough trust in your partner (and she in you) to share your hopes, dreams, and fears, and how you feel about each other and your relationship.

Because it requires you to disclose personal and sometimes private feelings, intimacy hinges on being able to express your emotions, something many men find difficult. “Don’t feel intimidated,” Weston advises. “Self-revelations don’t have to feel like psychotherapy. Just talk about what you enjoy about the other person, what you like in your relationship, your feelings about yourself, and any changes you’d like to make.” Intimacy also involves asking questions about how your lover feels about her life and your relationship. Draw her out. Help her explore her feelings. The more you and your partner talk about the personal sides of your lives, the more comfortable you will become—and the more intimate.

Now that you understand a little more about intimacy, you may be surprised to learn that once you apply total-body sensuality to your sex life, you can also use it to enhance intimacy in your relationship, which leads to better sex. Here’s how.

- The principles of total-body sensuality promote deep relaxation, which should help you feel more comfortable about self-revelation. Because total-body sensuality helps people feel safe with each other, comfortable, more secure, and less interested in escape, it can also help banish insecurities that make you withdraw emotionally from your partner.
- Total-body sensuality is playful. It’s fun. It’s creative. It excites all the senses. It helps you feel closer to your partner, more connected. As feelings of connection increase, intimacy deepens.
- Sensuality boosts self-esteem. It’s fulfilling to provide another person with pleasure, and it feels equally wonderful to know that someone else is focused on giving you pleasure. “Sensual play makes people feel valued, which is fundamental to intimacy,” explains *Great Sex* advisory board member Marty Klein, Ph.D.
- Sensuality allows you to savor sexuality. It slows things down, eliminating the rush into genital sexuality and intercourse. It isn’t an excuse for women to “avoid” sex. Rather, total-body sensuality expands lovemaking to include the entire body. It helps her enjoy sex more—and when she does, so do you.
- Sensuality makes sex more pleasurable. A slow, sensual approach gives women all the time they need to become aroused and responsive, and it helps men avoid sex problems, notably rapid ejaculation and erection problems. Sensual sex means more fulfilling sex—and mutual happiness and fulfillment deepen intimacy.

## INTIMATE PLAY

### MAKE A GAME OF IT

The year was 1979. The place: Scottsdale, Arizona. Barbara Jonas was upset because she and her husband, Michael, had a spat shortly before he left on an extended business trip. Feeling lonely, Barbara, then 37, regretted the tiff, and didn't want lingering bad feelings to spoil the couple's reunion. She wanted Michael's homecoming to celebrate all the playfulness and love in their marriage. But how?

A love letter, Barbara thought, pulling out some paper. But on reflection, she didn't want to give Michael something to read. She wanted to create something they could do together. Barbara traded her stationery for index cards. She typed up a series of questions and designed a rudimentary game board. The evening of Michael's return, she tacked a note to their front door, prepared the living room, and held her breath.

Suitcase in hand, a road-weary Michael trudged up the walk hoping his homecoming would be happier than his departure. He wanted to tell Barbara how much he loved her, but he'd never been much good at expressing such feelings. Struggling with what to say, he noticed Barbara's note: "Change into something comfortable, and meet me in the living room."

Intrigued, Michael did as the note asked, and when he entered the living room, the lights were low, a fire crackled in the fireplace, fresh flowers graced the coffee table, and an alluringly dressed Barbara handed him a glass of chilled champagne, a plate of hors d'oeuvres—and a stack of index cards. "I was so taken aback," Michael recalls, "I just played along." Which was exactly what Barbara had hoped.

The Jonases sat down at Barbara's homemade game board. She handed Michael pencil and paper, and asked him to write a secret wish for later that evening. Barbara also penned a wish, and said, "First one around the game board wins the wish."

Then they took turns rolling dice and moving game pieces. After each move, they drew a card. Some were "talk" cards that asked open-ended questions designed to celebrate and reflect on their relationship; others were "touch" cards with playful, sexy instructions.

Today the Jonases don't recall who won that initial game, but they have vivid memories of the evening they first played it. "Barbara's game was a powerful experience for me," Michael recalls. "It put me in touch with all the positive aspects of our relationship. It helped me say all the loving things I'd always wanted to say but somehow never could."

"The game put our disagreement behind us," Barbara recalls. "We had a wonderful reunion, and felt very close." The Jonas' revived intimacy led to another game they liked to play . . . in the bedroom.

Three years later the Jonases decided to market the game commercially. Now called "An Enchanting Evening," it's one of the nation's top-selling adult-oriented games. "An Enchanting Evening reminds couples why they fell in love in the first place," says Lewis Richfield, Ph.D., a couples therapist in Los Angeles. "And it helps restore intimacy, sensuality, and sex."

"The link between intimacy and sexuality is a problem for many couples," Klein explains. Many men have difficulty discussing their emotions and believe that sex expresses their love. Meanwhile, many women have difficulty becoming sexually aroused and feel that loving closeness helps them warm up to sex. "An Enchanting Evening helps men discuss their feelings, which gives women the emotional connection they want. And it helps women become sexually aroused, which gives men the responsive lovers they want."

To obtain An Enchanting Evening, see Resources.

## **TOTAL-BODY SOLUTIONS TO YOUR NUMBER ONE SEX KILLER—STRESS**

I've spent the greater part of this chapter talking about total-body sensuality—how you can use sensual techniques to enhance your lovemaking and enjoy great sex. Problem is, most of us reasonably healthy guys can't even start applying this simple secret until we can overcome the everyday stresses and tensions that keep us wound up.

In our fast-paced, highly competitive culture, many men fall victim to the ravages of chronic stress—and the sex problems that result from it. We feel consumed by The Three A's of Manhood: achieve, Achieve, ACHIEVE. And we can't relax. Even when we're supposed to be mellowing out, we're still preoccupied with closing that deal, meeting that deadline, getting that promotion. (How many of you have called your office during a vacation?) After all, doesn't a "real man" strive unceasingly for greater accomplishments? For lots of us, working feels more natural than relaxing.

It's no coincidence that men call their stressors "ball busters." They are. Take a few seconds right now and think about the stress in your life. Is it interfering with your intimate relationships? Are you missing out on great sex?

According to research, the obsessive pursuit of material success is the equivalent of aiming a wrecking ball at your sex life—it causes intimate relationships and healthy sexuality to crumble. University of Rochester psychologists reviewed studies correlating the pursuit of wealth with the pursuit of happiness. They found that those who make money the central focus of their lives are at unusually high risk for anxiety, depression, divorce, social isolation, and low self-esteem—all contributors to emotional burnout, sex problems, and lousy lovemaking.

Researchers with the Massachusetts Male Aging Study, an ongoing investigation of 1,709 men over 40, analyzed stress as a contributor to erectile dysfunction (ED). Compared with the men who had no symptoms of anxiety or depression—good predictors of stress—those with symptoms were almost twice as likely to experience ED.

### **THE DEEP RELAXATION SOLUTION**

Many men have trouble relaxing because they do it so little. Relaxation is like any other skill. It requires practice. Relaxation—especially the deep relaxation necessary for great sex—is a whole lot different from simply not working. (Just ask anyone who's unemployed.)

Ironically, men who feel tense, overworked, and stressed out sometimes approach relaxation as though they were attacking a challenge at work, without pausing to consider what relaxation actually involves. Or they choose activities that don't really get the job done, for example, watching a ball game (possibly relaxing, possibly not, depending on how your team does), with friends (good), while eating junk food (bad), and drinking alcohol (more than a drink or two is bad).

To make sure you really are relaxing, here's what you need to do.

**Take a time out.** You need a break from the "shoulds" that dominate your life. Slow down, sleep late, and dawdle over the little pleasures you never find time for—spending time with the people you love, reading books, going to movies and concerts, taking long walks, gardening, getting away, or just doing nothing.

**Live in the moment.** True relaxation involves focusing on the present. Tune into yourself, your emotions, and the people you're with. Tune out that tiff with your boss, the income tax deadline, family hassles.

**Lose yourself.** At a concert, melt into the music. While swimming, merge with the water. During a massage, drift away to a dreamy, tranquil place. Let go.

**Say no to pressure.** Relaxation means doing what you want, when, how, and with whom you want. No one pushes you to "produce" or "perform."

If the way you choose to relax involves competition, keep it friendly. Admire your opponent's well-executed moves as much as you appreciate your own. It should be play. The emphasis is on having fun, not on "killing" the other guy.

Once you've got the rhythm of deep relaxation, you can apply it to your pursuit of great sex. Total-body sex shares the following attributes with relaxation. You just take relaxation a step further into sexual pleasure.

**Take a time out . . . for sex.** Total-body sex involves not only a time-out from daily hassles, but a conscious s-l-o-o-o-w-ing of time. With all due respect to the quickies I discussed [here](#), the best sex is usually slow sex. "One of women's main complaints about the way men make love," explains Weston, "is that it's too rushed, too formulaic. Men plunge into intercourse before women feel ready."

It's not that men are boors. Most men truly want to please women. "I think the reason so many men rush sex is that male sexual energy is aggressive and lusty," explains Alperstein. "Many men fear that if they slow down, they might lose their erection, or that their partners might reconsider having sex," she says. Actually, slowing down is more likely to keep women interested and aroused,

and help you maintain your erection, or allow it to return if it subsides.

Compared with men, it usually takes women considerably longer to become sexually aroused, so a slow pace is absolutely essential for most women's sexual responsiveness. Not to mention that when you slow down, you're much more likely to enjoy ejaculatory control and cooperative erections, and be able to come when you want to.

**Live in the *erotic* moment.** Many people notice that sex feels hotter in hotels. Why? "Because unlike your bedroom," explains Klein, "hotels have no associations with your past or your future. Hotels rooms are about right now, which helps people focus on the present moment, and on sex." Every now and then, arrange an erotic weekend getaway. Even if you don't get to hotels often—or ever—try to think of your bedroom as a sanctuary from everyday stresses. When you're in bed with your lover, try to stay focused on the present.

**Lose yourself . . . in sex.** Consider the typical X-rated video. It may be titillating, but the actors, especially the men, rarely look relaxed. How can they when they're pumping away madly? No wonder that the biggest challenge for male actors in pre-Viagra porn was raising and maintaining erections, or that today porn actors routinely use erection medication. Now consider love scenes in R-rated movies. The actors are much more likely to lose themselves in each other, in giving and receiving pleasure. R-rated films are not as genetically sexual as porn, but they're often steamier—because the actors lose themselves in lovemaking.

**Say no to sexual pressure.** Lovemaking should not be work, so forget performing. It's adult play. Explore the many ways you can give and receive pleasure. There are no critics, no audience, just you and your partner enjoying each other's intimate company, playing together, sharing pleasure.

## LEARNING A NEW LANGUAGE

Whole-body massage is the "language" of great sex. But you're likely to experience some discomfort when you leave old patterns behind and begin to explore total-body sensuality. What can you do to maximize creative exploration without literally rubbing each other the wrong way?

If you want to ask how a certain caress feels, try framing your questions to minimize the negative responses. For example, if you ask, "Does this feel good?" she might respond, "No." Instead, try saying, "Would you prefer lighter touch here?" That way "yes" becomes a simple request for an adjustment, and no means all's well. You might also ask, "Would you prefer firmer touch here?" Or try asking, "Would you prefer me to touch you somewhere else? Where?"

What about when you've got something to say to her? It's difficult to tell a partner, "Stop, that

hurts." It's much easier to express pleasure than discomfort. Try saying, "Ahhh," or "Yes," or "That feels great" when you enjoy something. Remain silent when you don't. Encourage her to do the same. Most people quickly provide more of what elicits compliments and less of what doesn't.

Or play the game My Hand in Your Hand. Give her your hand and invite her to use it any way she likes. Take turns showing one another how you enjoy being caressed. Or try the similar game, Kiss and Tongue Tour. One of you begins kissing and licking the other's forehead. The recipient provides directions—down, up, left, right, and stay—as the provider slowly works all the way down to the recipient's toes.

Reinforce all your positive messages in nonsexual settings. "The morning after sex," Weston suggests, "you might say something like: 'Remember last night, the way you ran your fingers through my hair and played with my ears when we were having intercourse? That was great.'"

## FIT FOR SEX

### YOUR FITNESS, NUTRITION, AND LIFESTYLE CHOICES MATTER

No doubt, you're familiar with these classic health recommendations:

- Get regular exercise, the equivalent of at least a brisk, 30- to 60- minute walk each day.
- Eat at least five daily servings of fruits and vegetables, less meat, fewer whole-milk dairy products, less junk food, and fewer sinful desserts.
- Maintain the recommended weight for your height and build.
- Reduce stress.
- Get at least 7 hours of sleep a night.
- Don't smoke.
- Don't have more than two alcoholic drinks a day.

This advice has been trumpeted by the National Cancer Institute, the American Heart Association, and other health advocates for years. Yet according to recent studies by the Centers for Disease Control and Prevention, record numbers of American men (and women) are overweight, and only about one-quarter of Americans exercise regularly. Clearly, we're not following this very basic health advice.

Maybe we would take it more seriously if doctors put a different spin on it. Has your doc ever mentioned that these recommendations also contribute to great sex? Surprisingly, this not-so-sexy health advice significantly boosts your libido, sexual functioning, and pleasure. It also leads to a longer, healthier life—so you have more years to enjoy great sex. “I’ve had longtime smokers as sex therapy clients,” says *Great Sex* advisory board member Dennis Sugrue, Ph.D.

“Many have been shocked to learn that smoking and other bad health habits interfere with sex. One said he might have quit if he’d known.”

## **HEALTHY BODY, BETTER SEX**

In both men and women, sexual function depends on the interaction of the nervous system (the body’s electrical wiring) and the cardiovascular system (your heart and blood vessels). All the recommendations mentioned above help keep both of these systems in top form.

Here’s why your nervous system deserves sexual kudos.

- It allows you to experience the joy and beauty of erotic stimulation through all your senses—sight, hearing, smell, taste, and touch.
- It enables you to be sexually responsive through its involvement in the release of certain hormones. When the body is relaxed and receptive to sex, erotic stimuli trigger the release of oxytocin for example, which is involved in sexual arousal and orgasm.
- It directs blood where it’s needed most. Blood circulates throughout the body all the time. But the nervous system sends extra blood to specific sites based on need, for example, to the digestive tract after eating or to the genitals for sexual arousal.
- It signals the smooth muscle tissue in the pudendal arteries to relax. These arteries supply blood to both men’s and women’s genitals. As this muscle tissue relaxes, the pudendal arteries open (dilate), allowing extra blood to produce erection in men and sexual excitation and vaginal lubrication in women.

The cardiovascular system is also crucial to great sex. Some reasons why:

- A healthy heart pumps oxygen-rich blood around the body for all physical needs, including libido and lovemaking. A weakened heart cannot pump as effectively, so blood does not become fully oxygenated and oxygen has trouble getting into the body’s tissues. The result is loss of libido and decreased energy for sex.
- Healthy blood vessels allow blood to flow freely. Enough blood can enter the genitals to produce erection in men and vaginal lubrication and engorgement

of the vaginal lips, wall, and clitoris in women. Many of us, particularly if we're over 40, have arteries narrowed by deposits called atherosclerotic plaques. These fatty, cholesterol-rich deposits develop along artery walls as a result of heredity, smoking, obesity, diabetes, high blood pressure, lack of exercise, and a high-fat, high-cholesterol diet. You don't have to live a particularly "bad" lifestyle to suffer narrowed arteries. Four or five decades of a typical American diet and lifestyle are often enough—especially if you have a family history of heart disease or stroke. When the arteries that nourish the heart become severely narrowed, the result is cardiovascular disease—angina (severe chest pain), heart attack, or stroke. And when fatty deposits or plaques clog the pudendal arteries, they reduce blood flow to the genitals, contributing to erection impairment in men and loss of sexual responsiveness in women. According to Hank Wuh, M.D., author of *Sexual Fitness*, plaque-narrowed arteries are the leading cause of erectile dysfunction in men over age 50.

Beyond maintaining healthy cardiovascular and nervous systems, a healthy lifestyle has sex-enhancing emotional benefits as well. "Good health adds spring to your step," Sugrue explains. "You feel energized and you project confidence and vitality, which makes you more sexually attractive."

## THE SEXUAL BENEFITS OF REGULAR EXERCISE

It's indisputable. Study after study shows that exercise makes for better sex. Just a few examples:

- Researchers at the University of California, San Diego, recruited 95 healthy but sedentary men, average age 47, into one of two exercise programs. One regimen focused on low-intensity, 60- minute walks four times a week. The other program consisted of an hour of aerobics four times a week. After 9 months, the men in both groups reported increased sexual desire and pleasure, but the aerobics group reported the greater increase in sexual energy and more fun in the sack.
- Australian researchers surveyed 612 men about erection function and lifestyle. The more the men exercised, the less likely they were to suffer erectile dysfunction.

- The Massachusetts Male Aging Study confirmed these findings in a study of 1,709 men over age 40. Those who exercised the most had the lowest risk of sex problems, notably erection impairment. “No question about it,” Wuh says, “physical fitness improves sexual fitness.”

So, what is it about hitting the weights or strolling around the block? More than you think. Exercise actually:

**Improves bloodflow.** It enhances the ability of your arteries to dilate, allowing extra blood to flow into the genitals and making for bigger, firmer, more reliable erections.

**Controls cholesterol.** Several types of cholesterol circulate in the blood, chiefly low-density lipoproteins (LDL) and high-density lipo-proteins (HDL). LDLs are bad because they supply the cholesterol that winds up in arterial plaques or deposits. HDLs are good because they remove cholesterol from the bloodstream. Exercise doesn’t necessarily reduce your total cholesterol, but it changes the mix—fewer bad LDLs, and more good HDLs—leading to fewer plaques or deposits in your pudendal arteries and more reliable erections.

**Contributes to weight control.** You don’t need me to tell you that when you slim down and shape up, your interest in sex soars and you enjoy it more. The same goes for your partner. Losing weight also makes you feel more attractive, which boosts your self-esteem, making you more attractive to potential lovers.

**Boosts testosterone.** Both men and women produce this hormone, which is responsible for sex drive. It takes only a tiny amount of testosterone to fuel a normal libido. Contrary to what you might think, extra testosterone has no additional sex-stimulating effect. But if your testosterone level slips below normal—and it may, especially as you age—your libido and sexual function suffer. For people with low levels, the testosterone-boosting effects of regular, moderate exercise can increase libido.

**Reduces stress.** Stress is a major cause of sex problems in both men and women. Exercise releases endorphins, the body’s mood-elevating compounds, which help you enjoy the deep relaxation you need for great sex. And exercise helps you recover more quickly from the sex-depressing effects of stress.

**Makes you feel sexy.** A Harvard researcher studied male swimmers aged 40 to 69. They reported more frequent lovemaking than sedentary men their age. Eighty percent also considered themselves “more attractive” than other men their age, a fact strongly supported by their partners. Their wives and girlfriends rated them even more attractive than the men rated themselves. University of Illinois researchers surveyed 401 adults about their exercise habits and self-perceptions. As their exercise increased, so did their feelings of well-being, feelings that

contribute to libido and sexual satisfaction.

**Makes you feel happy.** Depression is a major sex killer. Many studies show that for mild to moderate depression, exercise is almost as beneficial as medication. At Duke University, 133 depressed adults were given a standard antidepressant (Zoloft), or a prescription for exercise (30 minutes of aerobics three times a week). After 6 months, 66 percent of the drug group had recovered. In the exercise group, the figure was 60 percent.

**Helps you sleep.** Let's face it, how much great sex can you enjoy if insomnia has you walking around all day with your eyelids at half staff? In a Finnish study of various nondrug sleep promoters (exercise, hot baths, bedtime rituals, et cetera), participants rated exercise as the most effective way to get more reliable shut-eye. Which leads to more energy for other bedroom activities.

**Helps offset other health sins.** The Massachusetts Male Aging Study worked with 593 middle-aged men who were at risk for erection impairment because they smoked, drank heavily, were overweight, and didn't exercise. The researchers encouraged the men to exercise regularly, and some did. Nine years later, compared with those who remained sedentary, the men who exercised regularly reported significantly less erectile dysfunction—even if they continued smoking, drinking, and didn't lose weight. Of course, no one should smoke, drink heavily, or be obese. But this study shows that exercise has powerful sex-enhancing benefits, even for those whose lifestyles are associated with sexual impairment.

**Makes her life easier . . . and, in turn, yours.** Physical activity minimizes premenstrual syndrome, menstrual cramps, and the discomforts of menopause, thanks to the endorphins a woman's body releases during physical activity.

**Enhances orgasm.** One subtle workout has been shown to increase the intensity and pleasure of orgasm. (See "[The 'Love' Muscle](#)".)

Almost any type of regular, moderate exercise improves sex. The exception is serious cycling, which appears to increase risk of erection problems (for more details, see "[The Bicycling Connection](#)"). Unfortunately, according to the Centers for Disease Control and Prevention, only 25 percent of American adults exercise as much as they should—30 to 60 minutes of moderate exercise (walking, swimming, yoga, dancing) five or more days a week, or at least 20 minutes of more vigorous exercise (running, cycling, tennis, basketball) three or more days a week.

One reason so few Americans exercise is because most of us believe we have to sweat buckets to gain any benefits. Not so. All you have to do is incorporate more physical activity into your life. "The fitness gurus used to insist that we had to punish ourselves to become fit and healthy," says Bryant Stamford, Ph.D.,

director of the Health Promotion Center at the University of Louisville School of Medicine in Kentucky. “But major health benefits come from exercise so modest that it doesn’t even feel like a workout.”

“We made a mistake telling everyone they had to engage in strenuous, aerobic workouts to obtain health benefits from exercise,” says Steven Blair, Ph.D., director of epidemiology at the Cooper Institute of Aerobics Research in Dallas. “For people who simply want to feel invigorated and enjoy better health, regular, moderate exercise is enough.”

Cooper Institute researchers divided 102 sedentary women, aged 20 to 40, into four groups. One remained inactive. The second engaged in leisurely strolls for 40 minutes a day, 5 days a week. The third walked briskly on the same schedule. The fourth engaged in strenuous aerobic exercise, also on the same schedule. The aerobics group experienced the greatest gains in cardiorespiratory fitness. But for general health benefits (control of blood pressure, cholesterol, and weight), the strollers and brisk walkers achieved the same benefits—with much less exertion.

So take a walk, ride your bike to the store, work in the yard, dance, roller blade, practice yoga, or do anything that appeals to you. Just do it often—ideally 30 to 60 minutes a day. And don’t overdo it, because exhaustion can kill libido and sexual ability, and depress testosterone levels to the point of sexual impairment.

As you plan your exercise program, don’t forget horizontal workouts. Sex is the exercise equivalent of strolling or light stretching. It burns 100 to 150 calories an hour, according to a study at the University of Rome. And it takes about as much energy as walking up two flights of stairs.

## THE “LOVE” MUSCLE

### THE POWER OF YOUR PC

This is not where I encourage you to seek satisfaction in cyberspace. I’m talking about perhaps the most important muscle you can exercise in your quest for great sex—the pubococcygeus (or PC) muscle.

First, a little history: In 1948, urologist Arnold Kegel, M.D., noticed that many of his female patients complained of stress incontinence—they leaked urine when coughing, sneezing, even laughing. Kegel theorized that if these women strengthened their pelvic floor muscles, it might strengthen their urinary sphincters and keep them closed when necessary. So he developed

exercises to condition these muscles, notably the PC muscle, which plays an important role in bladder control. The exercises worked. Many studies have shown that they improve bladder control significantly, often curing stress incontinence.

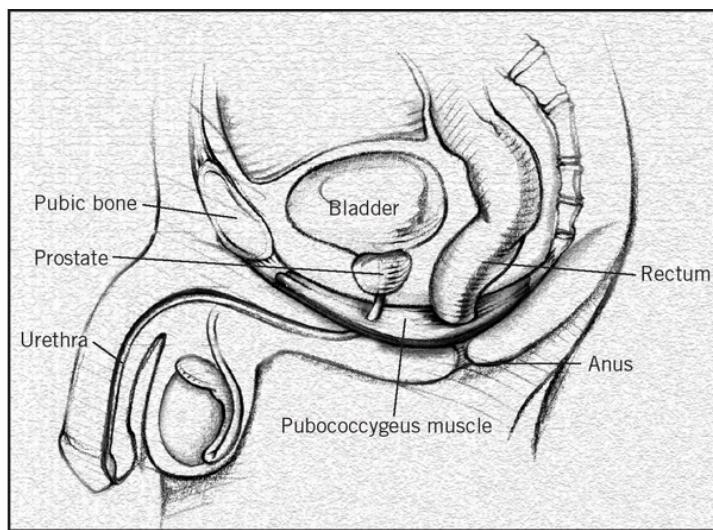
Dr. Kegel's patients also reported another surprising benefit—more pleasure from orgasm. The reason? Orgasm involves PC-muscle contractions. As the PC becomes stronger, it contracts more forcefully, which makes orgasm feel more intense and pleasurable—for men and women.

Do both slow and quick Kegels, says *Great Sex* advisory board member Linda Alperstein, M.S.W., L.C.S.W. For slow Kegels, contract your PC and hold it for a slow count of three, then relax. For quick Kegels, contract and release your PC as rapidly as you can, then relax.

Begin by doing five slow contractions and five quick ones three times a day. Each week, increase the number of contractions you do by five. Your goal is to be able to do 50 slow and 50 fast three times a day, for a total of 300 contractions a day. Don't increase the number of contractions more quickly than recommended, or you may suffer soreness in your groin.

You can practice Kegels almost anywhere. Typically, it takes a month or two of daily Kegel exercises to notice orgasm enhancement. Preliminary studies also suggest that Kegels help men with erection problems.

Another way women can tone their pelvic muscles is to “work out” with ben-wa balls. Sold as sex toys, golf-ball sized ben-wa balls come in pairs and are made of metal or hard plastic. Women insert them inside their vaginas and try to hold them in there, not during sex, but during everyday activities. Holding ben-wa balls inside requires strong PC muscles. At first, the balls fall out, so initially women should be discreet with them. But after a while, as their PC muscle becomes stronger, many women can hold ben-wa balls inside them without difficulty.



To do Kegels, first identify your PC muscle. It's the one you contract to stop urinating, or to squeeze out the last few drops. Stop your stream a few times to feel it. Contracting your PC muscle may also cause a tightening around the anus.

## THE SEXUAL BENEFITS OF A PLANT-BASED DIET

Want to do it like rabbits? Then eat like Bugs Bunny. So-called “rabbit” food—vegetables, fruit, and whole grains—offers sexual benefits like nothing else you put in your body.

It's a myth that eating beef is manly. The saturated fat and cholesterol in meats is hell on erections, and on women's sexual responsiveness as well. It contributes

to deposits that narrow the arteries, limiting bloodflow into the genitals. (A meat-based diet is also associated with heart disease, many cancers, diabetes, and obesity.) Cholesterol and saturated fat are found in animal products: meats, egg yolks, and dairy foods. They also abound in fast foods, junk foods, fried foods, and rich desserts.

University of South Carolina researchers checked the cholesterol levels of 3,250 men, aged 25 and up, and then surveyed their sex lives. The higher the men's cholesterol, the more likely they were to report erectile dysfunction. Compared with men with cholesterol below 180 milligrams per deciliter of blood (mg/dl), those with levels above 240 were almost twice as likely to report erection impairment.

South Korean researchers confirmed these findings. As blood levels of animal fat and cholesterol increase, so does the risk of erection impairment. In their study, the men with the most severe erection impairment had the highest intake of animal fat and cholesterol.

A high-fat, high-cholesterol diet also depresses blood levels of testosterone. University of Utah researchers tested the testosterone levels of male volunteers and then gave them a high-fat milkshake. A few hours later their testosterone levels had fallen by up to 30 percent.

To eat your way to better sex:

**Eat less meat.** This reduces erection-busting saturated fat and cholesterol. You don't have to become a vegetarian, but the less meat—especially fatty meat—you eat, the healthier your cardiovascular system becomes. Oxford University scientists analyzed 395 studies on the effects of diet on blood cholesterol. Their conclusion: If you replace half the meat in your diet with fruits, vegetables, beans, and whole grains, cholesterol declines up to 15 percent. The most sex-impairing meats are the “red” ones: beef, pork, and lamb. Chicken and turkey are less sexually harmful as long as you don't eat the high-fat skin. Also avoid poultry sausages, which are high in fat.

**Eat more plants.** Not just fruits and vegetables. Beans and whole grains are equally beneficial, especially if they substitute for high-fat foods. All this stuff is naturally low in cholesterol and high in antioxidant nutrients and fiber, both of which keep arteries healthy and free of deposits that limit bloodflow into the genitals. Getting the recommended five servings of fruits and vegetables a day is much easier than you think. Just make some stealth additions to your daily menu. Toss some berries or a banana in with your bran cereal for breakfast. Grab a salad or vegetable with lunch and dinner. Add one or two daily fruit or vegetable snacks. And whenever possible, choose whole-grain breads and pastas, and add beans to soups, casseroles, and pasta sauces.

**Eat more zinc.** Zinc “is one of the most important minerals for men’s sexual function,” Wuh explains. It’s involved in the production of testosterone and healthy sperm. Low levels contribute to infertility and sex problems. Zinc also plays an important role in women’s reproductive health. A deficiency is associated with miscarriage, stillbirth, and hazardously low birth weight. Good food sources include: whole grains, nuts, pumpkin seeds, beans, spinach, oysters, fish, and eggs.

**Get multiple benefits.** Every man and woman interested in sexual pleasure should take a multivitamin that includes vitamins A (as beta carotene or mixed carotenoids), C, and E, plus selenium and zinc. There’s a good reason why vitamins are called “supplements.” They are little extras, a form of nutritional insurance. Vitamins don’t substitute for a good diet and can’t undo the damage caused by a poor one. But if your diet isn’t quite what it should be, a multivitamin-mineral formula is an inexpensive way to supplement key nutrients.

## THE SEXUAL BENEFITS OF WEIGHT LOSS

“To my utter amazement—and the delight of my girlfriend—I was suddenly imbued with the sexual energy of a 20-year-old lifeguard.” That was the unexpected benefit 44-year-old *Newsweek* magazine correspondent Thomas M. DeFrank discovered when, after years of dieting failures, the Duke University Diet and Fitness Center program helped him lose 47 pounds.

Testimonials like DeFrank’s prompted the Duke staff to survey the sexual effects of weight loss on 70 participants whose average age was 42. “Moderate weight loss (8 to 30 pounds) significantly improved the men’s sexual functioning and satisfaction,” says Ronette Kolotkin, Ph.D., a study author. “Participants said that losing weight boosted their libido, increased their frequency of intercourse, and enhanced their sexual enjoyment.”

It’s possible to be overweight and still enjoy great sex. But the research shows that weight loss improves it. Brown University researchers surveyed the sexual frequency and satisfaction of 32 obese women when they enrolled in a physician-supervised weight-loss program. They lost an average of 56 pounds. In a subsequent survey, more than half reported greater sexual frequency and satisfaction.

Weight control offers another crucial sexual benefit as well: less risk of diabetes—and its sex-impairing complications. Having diabetes doesn’t guarantee sex problems, but it increases the risk of erection difficulties in men and loss of vaginal lubrication and sexual sensitivity in women.

“Sexuality is one way the body celebrates its vitality,” Kolotkin explains. “Renewed interest in sex is the body’s way of saying ‘thanks’ for losing weight.”

## **THE SEXUAL BENEFITS OF STRESS MANAGEMENT**

Everyone has a different definition of stress: a flat tire on the way to a World Series game, missing the flight to your sister’s wedding. But what is stress, really? “It’s change,” explains Paul Rosch, M.D., president of the American Institute of Stress, in Yonkers, New York, “anything that requires adaptation to a new situation.”

Stress-provoking changes include major disasters (divorce, job loss, or the death of a loved one), and minor annoyances (the doorbell ringing when you’re in the middle of three other things). Major accomplishments (a new job, getting married) can also be stressful. “The type of change is less important than the fact that your life has changed,” says Alan Elkin, Ph.D., director of the Stress Management Counseling Center in New York City.

In one survey, 60 percent of Americans said they felt “under significant stress” at least once a week. Stress is also one of the main causes of sex problems in both men and women. Stress:

- Activates the “fight or flight” reflex that reduces bloodflow into the genitals.
- Constricts the blood vessels, further limiting genital bloodflow.
- Releases cortisol and adrenaline, two hormones that depress testosterone levels. Chronic stress may reduce testosterone to abnormally low levels, especially in people over 45.
- Reduces brain levels of neurotransmitters involved in producing feelings of well-being.
- Increases the risk of anxiety and depression, both major sex killers.
- Increases the risk of cardiovascular disease. Compared with mellow ‘Type B’ individuals, stressed-out ‘Type As’ have a significantly greater risk of heart attack.
- Depresses fertility in both men and women. In men, it decreases the number and quality of sperm. In women, it delays conception and increases the risk of miscarriage.

The antidote to stress is finding a way to manage it. Proven stress relievers include: exercising, meditating, getting a massage, laughing, taking hot baths,

gardening, having a pet, visualizing relaxing scenes, and spending quality time with friends, family, or a lover. Incorporate one or more of these into your daily life. Ideally, combine them: Exercise with friends; bathe with your lover.

## **THE SEXUAL BENEFITS OF A GOOD NIGHT'S SLEEP**

Blame it on Thomas Edison. Before electric light, most Americans took Ben Franklin's advice: Early to bed, early to rise. A 1910 survey showed that the average American slept 9 hours a night. Then in 1913, Edison introduced his lightbulb. Americans continued to get up early, but they started staying up later—and sleeping less.

There is no 'normal' amount of sleep. Individual needs vary. But psychiatrist William Dement, M.D., director of the Stanford University Sleep Disorder Clinic, says the vast majority of adults need at least 7 hours a night to function optimally. Many need 8 or more—and don't get it. "When you need more sleep than you get," says Dr. Dement, "you develop a sleep debt, just as you would if you spent more money than you have."

Many people don't sleep enough because they can't. More than 100 million Americans experience occasional or chronic insomnia, which is why some 20 million of them are watching television at 2 A.M., according to the A.C. Nielsen Company, which tracks TV viewing. An estimated 40 million Americans suffer chronic sleeplessness. Ten million consult doctors for the problem. Half of the nation's adults have taken sleep medication at some point in life, and millions use sleeping pills frequently.

The fatigue caused by insomnia has a negative effect on libido. It depresses testosterone levels. And it contributes to anxiety and irritability, which interfere with sex appeal. Insomnia has many possible causes, according to Peter Hauri, Ph.D., director of the Mayo Clinic Insomnia Program and author of *No More Sleepless Nights*. Once you know what causes your insomnia, it's easier to beat. Try these solutions:

**Avoid caffeine, especially after noon.** Caffeine is a powerful stimulant. For some people, even a single cup of coffee in the morning contributes to sleeplessness. For many people, caffeine after lunch disrupts sleep.

**Avoid alcohol, especially within an hour or two before you go to sleep.** Alcohol disturbs sleep. And it takes about an hour for the effects of a drink to wear off. (A "drink" means one 12-ounce beer, one shot of 80-proof liquor, or a standard wine glass half full.) If you go to sleep with alcohol in your bloodstream, you risk waking up in the wee hours.

**Be careful with other drugs.** Many other over-the-counter and prescription

drugs disrupt sleep. If you currently take any medications or you just started taking a new one, ask your physician or pharmacist if the drugs might disrupt sleep.

**Stay well.** Respiratory infections, chronic sinus conditions, and the flu can restrict your breathing, making it hard to fall asleep. Instead of decongestants, try a vaporizer, or elevating your head with extra pillows. Better yet, take care not to get sick. Conditions that cause pain (arthritis, injuries) also can disturb sleep. Pain medication before bed might help. Consult your doctor.

**If you smoke, quit.** Nicotine is a stimulant.

**Consider your diet.** High-fat foods are hard to digest and may disrupt sleep. And avoid large bedtime snacks. Small snacks before bed might not bother you, but many people find that large ones interfere with sleep.

**Exercise regularly.** Among its many sexual benefits, regular exercise promotes sound sleep.

**Create a sleep-promoting bedroom environment.** Light, noise, and a small, uncomfortable bed can keep you awake. If darkness helps you sleep, invest in black-out curtains or shades. If noise is a problem, try earplugs. You get the idea.

**Cultivate regular habits.** Going to sleep and waking up at different times disrupts the body's natural sleep-wake rhythm. For a few weeks (including weekends), try to make your bedtime the same time every night. Set your alarm for the same time each morning.

**Manage your stress.** If you're anxious, sleep suffers.

The cost of insomnia extends beyond the bedroom. Compared with normal sleepers, insomniacs are less productive, have more auto accidents, and report poorer health because sleep is critical to immune function. Sleep problems also contribute to sex problems.

In addition, if you snore, ask your lover to listen carefully. If your snoring is punctuated by choking silences, you may have sleep apnea. "Apnea" is Latin for "not breathing." It's surprisingly common, affecting some 18 million Americans, mostly men over 40. People with sleep apnea suck their airways closed when they snore. This deprives the brain of oxygen, which sets off a biological alarm, rousing the person enough to restore breathing. But that rousing disrupts sleep.

Sleep apnea also raises blood pressure and contributes to cardiovascular disease. Finally, sleep apnea depresses testosterone levels. According to a recent Israeli study, half of men with sleep apnea have testosterone low enough to cause loss of libido and sex problems. If you think you may have sleep apnea, see your doctor for an evaluation. Sleep apnea can be treated with a continuous positive airway pressure (C-PAP) machine. C-PAP devices include a mask that fits over your nose connected to a small pump that gently pushes extra oxygen into your

lungs with each breath. C-PAPs prevent airway collapse and maintain a healthy blood oxygen level.

## NEVER CONFUSE SEX AND SLEEP

**W**hat if you like the bedroom quiet and dark, but your honey can't sleep without an open window that lets in noise and light? What if one of you likes a hard foam mattress, but the other prefers a waterbed? Many couples with very different sleep styles feel obligated to share the same bed. Perhaps it's not worth it. Consider twin beds or different bedrooms. "You may have to endure some teasing from friends," says *Great Sex* advisory board member Louanne Weston, Ph.D., "but who cares? You'll both sleep better, and probably feel more loving toward one another, which can lead to better sex."

### THE SEXUAL BENEFITS OF NOT SMOKING—OR QUITTING

Cigarette advertisements portray smoking as sexy. In fact, it's just the opposite. Since the mid-1980s, 19 studies involving 3,800 men have investigated the connection between smoking and erectile dysfunction. Researchers at the University of California, Irvine, analyzed their results. About one-quarter of Americans smoke. But among men with erection problems, considerably more are smokers—40 percent.

Smoking ravages your body in countless ways. Aside from causing insidious respiratory damage, it raises blood pressure and accelerates the growth of artery-narrowing deposits that reduce bloodflow to the genitals. It can damage nerve pathways, especially if you're diabetic, wreaking havoc on the very system that helps you perceive physical pleasure. And if you smoke, research says you are more likely to suffer from other sex-impairing problems such as a sedentary lifestyle, obesity, and sleep problems.

Here's the sexual good news about quitting: While your risk of lung cancer remains high for years after you quit, the sexual damage caused by smoking largely disappears within a few years after you stop.

If you smoke, talk with your doctor about quitting. Or read *The No-Nag, No-Guilt, Do-It-Your-Own-Way Guide to Quitting Smoking*, by Tom Ferguson, M.D., an ex-smoker. The book helps readers develop a quitting program that's right for them.

### THE SEXUAL BENEFITS OF RESPONSIBLE ALCOHOL CONSUMPTION

In *Macbeth*, Shakespeare wrote that alcohol “provokes the desire, but takes away the performance.” Truer words were never penned. Alcohol is by far the world’s leading drug cause of sexual impairment.

Alcohol contributes to sex problems in several ways.

- Alcohol is a powerful central nervous system depressant. When people of average weight drink more than two beers, cocktails, or glasses of wine in an hour, it interferes with sexual responsiveness. (Again, a “drink” is one 12-ounce beer, one shot of 80-proof spirits, or a standard wine glass about half full.)
- In small amounts—one drink a day—alcohol increases levels of good HDL cholesterol and helps prevent cardiovascular disease. But drink any more, and alcohol damages the arteries, limiting bloodflow into the genitals.
- Compared with nondrinkers or light drinkers, people who drink to excess are more likely to smoke, get little exercise, have sleep problems, and eat a high-fat, high-cholesterol diet, all of which contribute to sex problems.
- Finally, alcohol impairs judgment, increasing your risk of having unsafe sex.

If you drink more than two drinks a day, or if you ever binge on alcohol—five or more drinks in one sitting—consult your doctor for advice on drinking less.

## SEXUALSTATIC

### COMMON HANG-UPS THAT SABOTAGE SEX

My penis is just like yours: a little too small. It's probably no surprise to you that penis size is the most common male sexual hang-up. During my 30 years as a sex educator, I must have fielded questions about size from more than a thousand men. And these days, I receive junk e-mail offers for purported penis-enlarging pills several times a week. Some years ago, *Penthouse* magazine surveyed 1,000 men about their penis size. Almost every respondent said he was "too small" and wished he were larger.

Not that I think size matters, you understand. Every sex expert says the vast majority of women don't care; and as a longtime sex expert myself, I concur . . . well, almost. I'm still a guy, and when I look in the mirror, I think, "An extra inch couldn't hurt. . . ."

Unfortunately, sexual hang-ups plague us even before we take our pants off. You've probably heard the term "sexual tension." People use it interchangeably with the term "sexual arousal." Well, it's a misnomer, and a damaging one at that. Tension and the emotions that go with it—anxiety, stress, irritation, and depression—are often caused by such concerns as penis size, pressure to perform, or the definition of sexual "normalcy." And they're key causes of sex problems for both men and women.

"Satisfying sex is actually the result of relaxation," says Jon L. Pryor, M.D., a professor of urology at the University of Minnesota Medical School in Minneapolis. "This often surprises men who believe that sexual arousal is based on tension." Here's proof that tension ruins sex. University of Utah psychologists gave 54 men a battery of sexual-function tests, then showed them erotic videos. Beforehand, the researchers told one group that the videos would be used to gauge their sexual arousal levels. They told the second group that at some point while watching the videos, they would receive powerful but harmless electric shocks. Men in the third group were told (erroneously) that they had

scored considerably below normal on the sexual-function tests. All three groups had devices attached to their penises that measured erection. Then they viewed the X-rated videos. Not surprisingly, the groups made anxious by the threat of shocks or the bogus diagnosis of poor sexual function became nowhere near as aroused as the controls. Conclusion: Tension impairs sexual arousal and function.

The foundation of great sex is the opposite of tension—deep, meditative relaxation. Now, in the words of Tina Turner, what's love got to do with it? Isn't love what great sex is based on? At its best, a committed, loving relationship means mutual trust, nurturing, caring, and support—all of which enhance people's ability to relax deeply with each other. To that extent, love enhances sex. However, if you've ever had wonderful sex with someone you didn't love (or maybe hardly knew at all), or disappointing sex with someone you loved deeply, you know that love is not a prerequisite for sexual pleasure, nor is it any guarantee of great sex.

If you're not having great sex because of some kind of sexual tension, you're not alone. Beyond concerns about penis size, thousands of men have asked me questions over the years about every imaginable aspect of sex and lovemaking. It turns out that most of them have sexual doubts and anxieties that cause enough stress to threaten—or destroy—their ability to function sexually and to enjoy satisfying lovemaking. Below are the some of the most common, along with their solutions.

## **Q: My penis is too small. What can I do to make it larger?**

Sigmund Freud, father of psychoanalysis, coined the term “penis envy” to describe his idea that women wish they had penises, a notion now thoroughly discredited by modern psychologists. (Little boys see women’s breasts much more often than little girls see men’s penises, yet Freud said nothing about “breast envy.”) However, I’m convinced that penis envy is a real affliction—suffered not by women, but by men, myself included. Men envy other men whose penises are larger than theirs.

In reality, the vast majority of women don’t care about penis size. Many surveys have asked women what they look for in a man. It’s quite a list: kindness, caring, warmth, tenderness, attentiveness, commitment, shared values, a good listener, a sense of humor, someone who makes a decent living and has no serious vices. A huge penis? Doesn’t make the list.

In fact, a review of letters to the Kinsey Institute for Sex, Gender, and

Reproduction at Indiana University showed that women who inquire about penis size are more likely to complain that their lover might hurt them because he's too large. Some women and couples who advertise for recreational sex partners specify an interest in well-endowed men. But only a tiny proportion of women are involved in swinging—and only a tiny proportion of them care about penis size. The only other women who seem to notice penis size are the ones who write letters about their sexual exploits to the skin magazines. Guess what? Those letters are fiction. In all my years as a sex advisor, when women have raised the issue with me, they usually ask how they can persuade their lovers to stop obsessing about their size. "Women are right," says *Great Sex* advisory board member Marty Klein, Ph.D. "Men are too preoccupied with their penises. Some women may be into size, but I've counseled thousands of couples, and I can't recall any woman ever raising the issue. Men hung up on penis size don't understand how women experience sexual pleasure. The penis—any size penis—gives men pleasure, but the best way to impress women in bed is to find creative ways to provide pleasure without using your penis," notably by using your tongue.

"The marks of a man who knows how to use his penis," says longtime sex educator Betty Dodson, Ph.D. "are patience, gentleness, and a slow, sensual rhythm."

Here are Dodson's suggestions for using your penis to maximum benefit, no matter what its size.

**Go slowly.** Don't plunge into a woman's vagina the moment she spreads her legs. Give her time to become fully aroused and lubricated. "It takes my vagina a good 20 minutes to relax, open up, and lubricate enough to accept a penis of any size comfortably," says Dodson.

**Use lubricant.** Use a commercial lube on both her vulva and your penis. "Lube makes entry so much more comfortable."

**Stay underneath.** "I've always preferred to be on top. That way I can control the speed and depth of penetration. In my experience, most women share that preference."

**Develop a rhythm.** "Don't just pump in and out furiously. Go for a slow, sensual rhythm—in, out, and all around, with an awareness of how the woman is moving. Move with her."

**Focus on her clitoris.** "If you want to please a woman," Dodson says, "Fondle her clitoris gently, and especially lick it. That's much more enjoyable than feeling impaled on a big penis."

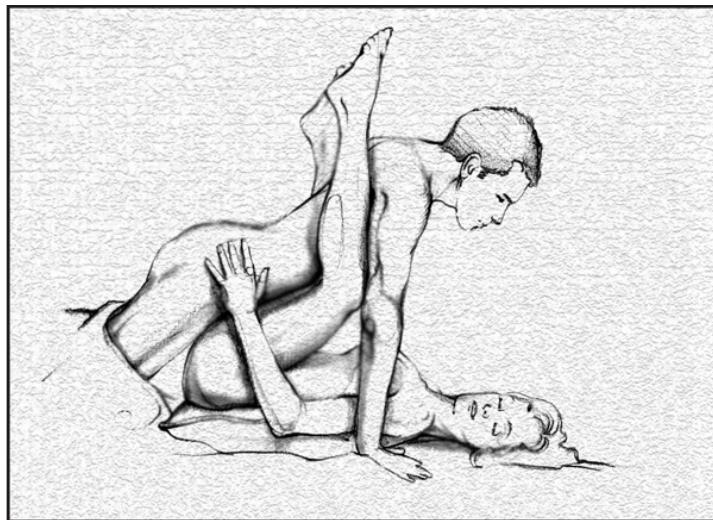
**Stay shallow.** "The most erotically sensitive part of the vagina is the lips. Use the head of your penis to tease her lips. Then run it up to her clitoris. And even

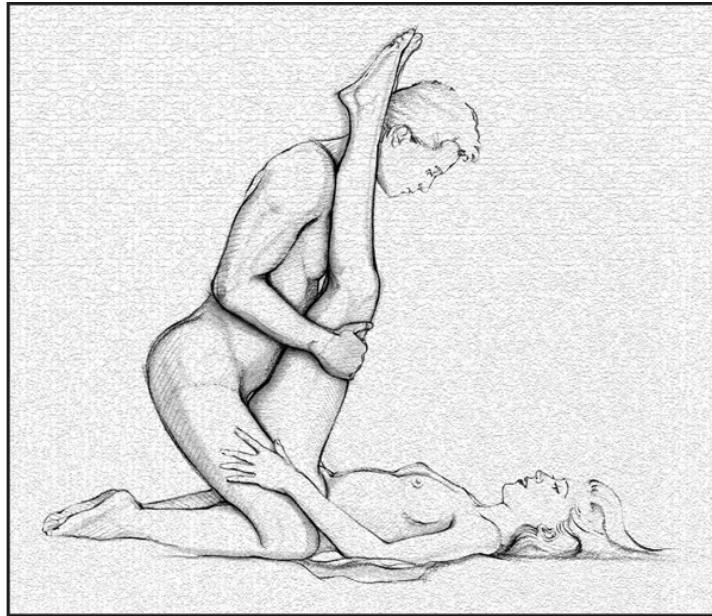
after you've gone deep, pull back out and tease her vaginal lips and clitoris some more—and often."

**Go deep.** Many women enjoy feeling a penis filling their vaginas. If your partner feels that way, gently push in. "Some women love deep penetration because they feel more intimately connected with the man," says sex therapist Patti Britton, Ph.D., past president of the Foundation for the Scientific Study of Sexuality. "Men like it because it makes them feel larger."

Deep penetration depends less on penis size than on sexual position. For example, a few variations of the standard missionary position allow particularly deep penetration. Place a pillow under the woman's hips to raise them a bit. Then she can bend her knees over her chest while you kneel between her legs and enter her. Or hold her legs straight up over her head.

The woman-on-top position gives her maximum freedom of movement. Encourage her to experiment with variations that allow her to feel filled up. And the rear-entry (or doggie-style) position allows such deep penetration that even an average-size penis might hit the urethra, bladder, or cervix and cause the woman pain. Enter slowly and be careful not to thrust too deeply. In any position, if you're one of the very few men with an unusually large penis, avoid deep penetration. Or simply ask her to tell you how deeply you can press inside her.





These versions of the missionary position permit deep penetration.

## SIMPLE MEASURES

For those of you still obsessing, the typical adult flaccid penis measures 2.5 to 4 inches in length, with a similar circumference. The typical erection measures 5 to 6.5 inches, with a circumference of 3 to 4.5 inches. Now, before you pull out a yardstick, let's be clear on the fine points of penis measurement. Measure along the top, from the base of the shaft to the tip. Don't push the ruler into your gut, and don't stretch your penis—if you want an accurate gauge.

Flaccid size has nothing to do with erection size, says Martin J. Resnick, M.D., chair of the urology department at Case Western Reserve University in Cleveland. It's possible to have a flaccid penis on the small side and a 7-inch erection. In general, the smaller the flaccid penis, the more length and girth it gains in erection.

Locker room talk is full of assumptions about racial differences in penis size. Black men are supposedly larger than whites; Asian men, smaller. Urologists, sex therapists, and sex researchers I've consulted over the years generally concur with these stereotypes, but insist that racial characteristics take a backseat to individual differences. "I've seen men of every race with penises that are larger and smaller than average," says Baltimore urologist James Smolev, M.D.

How many men are significantly smaller than average? "Maybe 5 percent," Smolev says. How many are significantly larger? "Very, very few," says Dodson, "The vast majority are average, or a little bigger or smaller. I recall only a few guys I'd call really huge."

So, where do men get the idea they're too small? "From pornography," explains Richard Pacheco, a porn star of the 1970s, now retired. "The men in porn are a self-selecting group. Only the biggest guys audition and producers pick the guys who are largest."

And these are the only penises heterosexual men get to see up close—other than their own. They have become the standard against which men judge themselves—a standard seriously skewed toward Goliaths. As a result, the Davids of the world are justified in believing that they have one of the smallest penises they've ever seen.

In addition, men look down on their own penises from above, which makes them look smaller. "Many of the penis shots in porn are photographed up from underneath," Pacheco explains. "That camera angle can make any penis look huge."

Speaking of David, men might feel better about their penises by viewing Renaissance sculpture. Michelangelo's David, one of the world's most famous statues, is quite modestly endowed, as are most nude male sculptures of that era.

## THE DUBIOUS BENEFITS OF A HUGE ONE

Recall that women who have asked the Kinsey Institute about penis size have been more likely to complain that their lovers are too large than too small. "This may come as a shock to men," says sex therapist Patti Britton, Ph.D., past president of the Foundation for the Scientific Study of Sexuality, "but many women are afraid of a big penis. It bangs into the bladder or cervix during intercourse and that hurts." (The cervix, the entrance into the uterus, hangs down into the back of the vagina.)

Back in the 1960s and '70s, New York City sex educator Betty Dodson organized group-sex parties and saw thousands of penises both flaccid and erect. "Every once in a blue moon," she recalls, "we'd get a man who was really huge. The women would ooh and aah, but most wouldn't go near those guys. They'd say, 'No way you're sticking that thing in me.' Most wouldn't even take super-huge penises into their mouths. I talked with a few of these guys, and they all said that having a huge penis was more of a burden than a joy."

The bottom line? "Enjoy your penis," Dodson says. "It's fine as it is. Make peace with it. And understand that, as far as women are concerned, your tongue is more important. You'll be happier, your lover will be happier, and you'll have better sex."

## LOOKING YOUR LARGEST NATURALLY

First the bad news: There's no safe way to permanently enlarge your penis. Perhaps you've seen advertisements for surgical penis lengthening and girth enhancement. Most urologists strongly advise against this (see sidebar [here](#)). Or

perhaps you get the same junk e-mails I do, touting all sorts of expensive nostrums and programs that claim to turn pencils into phone poles. All nonsense.

I can't claim to have investigated every junk e-mail offer. But the ones I've looked into rely on bogus suggestions like hanging weights from the penis, which can damage it; supplements, which have no effect on penis size; herbal tonics, which may help a little with desire and erection problems but do nothing for size; and cock rings and penis pumps, which are safe, but provide only temporary enlargement.

Several Web sites also tout another natural approach that doesn't work, something called "jelqing." It's supposedly an ancient Middle Eastern technique (though it's not mentioned in any of the standard works on the history of sex). Jelqing involves making an "OK" sign with the thumb and index finger around the semi-erect penis, and then pulling the organ 200 to 500 strokes a day using a rhythmic milking motion. Some men claim an extra inch in length. No way. Jelqing is very similar to the way many men masturbate. Has masturbation made you any larger?

Now for the good news. Armed with a little information, you can look as large as possible. It all comes down to bloodflow. Whether flaccid or erect, penis size depends on the amount of blood contained in its central spongy tissues (or corpus spongiosum and corpora cavernosa). The more blood, the larger you are. Want to boost blood flow into your penis?

**Eat a low-fat diet.** Maybe more men would heed this heart-disease-prevention advice if the American Heart Association added that a low-fat diet also means a larger penis. A diet high in fat, particularly animal (saturated) fat, raises blood cholesterol level, which over time, narrows your arteries, including the ones that carry blood into the penis. A high-fat diet is also associated with erection problems.

**Exercise.** Working out contributes to arterial health, allowing blood to flow more easily into your penis.

**If you smoke, quit.** With every puff, your penis shrinks. Smoking accelerates arterial narrowing, which is why smokers are at high risk for heart disease. Below the belt those narrow arteries limit bloodflow into the penis, making it look small, and impairing erections.

**Relax.** The pudendal arteries that supply blood to the penis are surrounded by smooth muscle tissue, explains *Great Sex* advisory board member Dennis Sugrue, Ph.D. When you feel anxious, this muscle tissue contracts and constricts the pudendal arteries, limiting blood-flow into your penis. But as you relax, so does the smooth muscle. The pudendal arteries open and more blood flows into the penis. In fact, Viagra produces erection by enhancing relaxation of the

smooth muscle tissue surrounding the pudendal arteries.

In addition, anxiety triggers the “fight or flight” reflex, which sends excess blood away from the center of your body, including your penis, and out toward your limbs for escape or self-defense. As you relax, blood returns to the central body, making more available to the penis. “Anxiety about penis size is so ironic,” says Klein. “When men worry about their size, the anxiety contributes to penis shrinkage. If you want your penis to be all it can be, stop worrying about how big it is.”

**Stay warm.** Warmth helps your smooth muscles relax and increases bloodflow. You’ve probably noticed that in chilly locker rooms, your penis seems to shrink and your scrotum hugs your body tightly. But after a hot shower, your penis looks considerably larger and your scrotum hangs lower. If you’d like to look your largest before jumping into bed with a woman, take a hot bath or shower with her.

**Get comfortable with your partner.** New relationships can be exciting, says *Great Sex* advisory board member Louanne Weston, Ph.D. “But they also involve intimacy with women you don’t know very well, if at all. That can produce anxiety. A familiar lover may not be as exciting as a new one, but familiarity allows you and your penis to relax, which helps it look its largest.”

Beyond bloodflow, here are additional size-enhancers.

**Hit the gym.** When you have a big gut, excess lower abdominal fat encroaches on the base of your penis, making it look smaller. In addition to promoting good bloodflow, eating a healthy diet and exercising controls your weight and minimizes belly fat.

One thing exercise does not do is affect the actual size of your penis. Although the media sometimes call it the “love muscle,” unlike your biceps, exercise will not buff it up. “The penis contains muscle tissue,” Klein explains, “but it’s smooth muscle, which doesn’t get bigger with exercise.”

**Trim your pubic hair.** When less hair obscures the penis, it looks larger.

**Avoid anabolic steroids.** Many athletes takes these drugs to add bulk and boost strength. However, several reports suggest that they have the opposite effect on your testicles.

## SURGICAL ENLARGEMENT

**DON’T Go THERE**

You might see this ad in the sports section or in a junk e-mail: "Give Yourself a Major Confidence Boost: Penis Lengthening and Enlargement" with the phone number of a urologist who's ready to operate. Surgical enlargement might boost your self-esteem. Then again, it might destroy it.

You have two options for surgical enhancement. The more popular is penis lengthening. It's based on the fact that you have more penis than what hangs visibly between your legs. The penis extends into your lower abdomen and is anchored there by the penile suspensory ligament. Cut this ligament and much of the internal penis emerges from the lower abdomen, adding about an inch to what you see externally. The drawback? The suspensory ligament is what makes erections stand up. When sexually aroused, a surgically lengthened penis becomes as firm as it always has, but it no longer salutes. Instead, it hangs down between your legs. You or your partner must direct it by hand to wherever you want it to go.

The other surgical option is girth enhancement. This is a two-step procedure that involves removing fat (via liposuction) from the buttocks, then injecting it under the skin of the penis. The before-and-after pictures offered by urologists who perform this procedure show bullets transformed into torpedoes. Remember, they're not showing you the procedures that failed. If the fat injections don't "take," (meaning the injected fat cells don't maintain their structure) or if they take unevenly, you wind up with a lumpy, mutant-looking organ.

One leading practitioner of surgical penis enlargement in Anaheim, California, hosts a Web site that gushes testimonials. But Resnick warns that enlargement surgery can cause infection and deformity. Smolev is even more emphatic: "Any operation to lengthen or thicken the penis should be outlawed." This doctor's Web site warns that many surgeons who perform penis enlargement "lack the skills needed to produce good results. . . . A large part of his practice involves repairing the numerous men damaged by [other] doctors."

If you're interested in surgery, you should know that this doctor also charges \$4,500 for lengthening and \$5,500 for girth enhancement. Airfare to Anaheim, hotel, and food are extra. You must spend 3 to 5 days in Anaheim for each operation. Lengthening comes first, then 6 to 12 months later, girth enhancement. Figure \$11,000 to \$12,000 for both operations—all out of pocket. Insurers don't pay for penis enlargement.

"You couldn't pay me to have my penis surgically altered," Klein says. "The stories I've heard are horrendous."

## HELP FROM TECHNOLOGY

If you enjoy playing with sex toys, two devices may boost your size temporarily—cock rings and vacuum devices, generally known as penis pumps.

Cock rings are donut-shaped devices made of rubber, leather, or jelly plastic that tightly encircle the erect penis. Here's how they work. Whether your penis is flaccid or erect, blood circulates in and out of it continually. The arteries that carry blood into it run through its center, but one of the two veins that carry blood out runs close to the organ's skin. Because a cock ring compresses mostly the surface of the penis, it doesn't affect bloodflow into the penis during erection and allows blood to pool. But it does restrict outflow a little by compressing this superficial vein. The net effect is somewhat greater blood build-up in the penis and a slightly larger, firmer erection. Just don't expect miracles.

There are two types of cock rings: adjustable and fixed. If you're at all

concerned about damaging your penis—bruising is possible from a ring that's too tight—use one that's adjustable.

Penis pumps create a partial vacuum that draws blood into the penis, resulting in temporary size enhancement when flaccid or erect. Developed by physicians long before erection drugs became available, pumps produce temporary erections in men who otherwise can't raise them. Once a pump has raised an erection, you roll on a constriction band similar to a cock ring to help maintain turgidity. "Vacuum pumps are excellent, reliable, safe, and effective," Smolev explains. Even if you have no trouble becoming erect, you can use a pump for temporary size enhancement. Models differ, but all include a plastic tube that fits over your penis, fitted with a pump operated by a hand bulb. You squeeze the bulb, which evacuates the air from the plastic tube, drawing blood into the penis. Fit is crucial. Without a good seal at the base of your penis, you can't create the partial vacuum. Just remember, any benefit is temporary.

Finally, you might enjoy playing with a penis extender or prosthetic penis aid. These sex toys are larger-than-life artificial penises with hollow centers. You slip one over your erection and presto—you and your partner can play out a fantasy that you're hung like a horse.

## **Q: Is it okay to masturbate as much as I do? Now that I have a girlfriend/wife, is it okay to keep masturbating?**

Here's an old joke: Ninety-eight percent of people masturbate—and the other 2 percent are lying.

It's perfectly normal to masturbate. Masturbation is our original sexuality. It's one of the first ways children learn to experience physical pleasure. Left alone, children are enthusiastic masturbators. Why not? It's fun. They stop (or go underground and do it only in secret) largely because the adults in their lives prohibit it and often make them feel ashamed of it.

Regular, hand-gripping-the-penis masturbation is unlikely to cause damage. Your biggest risk is a little chafing of tender penile skin during extended sessions. The solution: lubricant. Try saliva, vegetable oil, or a commercial sex lube.

Masturbation causes no harm. It doesn't use you up sexually, even if you do it more than once a day. "At birth," Weston explains, "you're not given some predetermined number of orgasms or some preordained amount of semen, and once you run through them, that's it." Your testicles are always making sperm and your prostate gland and other reproductive glands are always making

seminal fluid. (The only way you run short on semen is if you have your prostate removed, and even then you can still have orgasms.)

When people become involved in sexual relationships, some think it's wrong to continue masturbating, that it no longer should be necessary. That's like saying there's no reason to go to the movies once you own a VCR. While both masturbation and partner sex are sexual, the two experiences are quite different—just as the movie screen and a TV screen produce different entertainment experiences. As wonderful as partner sex can be, it also involves responsibilities. You have to be sensitive to your lover, provide her with pleasure, and let her know what turns you on, not to mention that you probably have to make sexual compromises to keep her happy. "But in masturbation," Klein explains, "there's no one else to attend to, no one making any demands, no one to please except yourself—and at times, or quite often, that can feel wonderful, even if you're in a fabulous relationship."

In addition to being our original sexuality, masturbation is how the vast majority of people learn what turns them on. We all do it for years—maybe decades—before meeting our lovers. Why give up chocolate cake once you've discovered apple pie? Partner sex doesn't replace masturbation; the two are complementary.

Many psychologists say you can't love another person until you learn to love yourself. By the same token, you can't have great sex with anyone else until you learn to have great sex with yourself. In sex therapy for several common problems—including rapid ejaculation in men and lack of orgasm in women—masturbation is a fundamental part of standard treatment.

Of course, masturbation sometimes does cause problems in a relationship. "The two members of the couple may attach different meanings to it," says *Great Sex* advisory board member Linda Alperstein, M.S.W., L.C.S.W. "For men, masturbation is often simply an enjoyable way to relax, a form of self-comfort. But some women see it as a form of unfaithfulness. I suggest that couples check in with each other about what masturbation means to them."

It's also possible that frequent masturbation might decrease your interest in partner sex. If you'd rather masturbate than make love with your honey, consider couples counseling or sex therapy. "That's usually a sign of a relationship problem," Weston explains.

When you're in a committed relationship, you need to work out a sexual frequency that you and your partner both can live with comfortably—and fit your masturbation around it. It's reasonable to curtail the practice somewhat in order to maintain a mutually agreeable frequency with your partner. You might schedule partner sex in advance, and not masturbate that day or for a day before.

But it's unreasonable for one member of a couple to demand that the other stop masturbating entirely.

Masturbation is a healthy, enjoyable part of life, but as with other diversions, if it interferes with school, work, family, or other responsibilities, it's a good idea to seek counseling.

## **Q:How can I give her incredible orgasms?**

Many men are convinced that they have to orchestrate sex and “deliver” earth-shattering orgasms to their lovers. Orgasms are like laughter: A comedian can help you express the laughter waiting to emerge from within you, but only you can let it out. Orgasms emerge from deep within us when we experience a combination of arousing fantasies, erotic stimulation, and “letting go” (or deep relaxation). You can help (or hinder) your partner’s journey toward orgasm, just as a funny comedian can encourage us to laugh. But men don’t “give” women orgasms or vice versa.

The notion that men are orgasm-delivery boys also involves a subtle but critical misunderstanding of lovemaking that can prevent you from enjoying great sex. To understand why, recall the Victorian era of the late 19th century when most Americans believed women were incapable of sexual feelings. As a result, men were expected to take a dominant role in sexual situations and guide women through them. Women were regarded as little more than fleshy semen receptacles.

In the mid-20th century, modern sex research revealed what ancient cultures from China to India to Greece already knew: Men and women are equally capable of sexual arousal, pleasure, and orgasm. And as women gained greater social and political status, they began demanding more sexual attentiveness from men and a more active role in lovemaking. This was certainly progress. But certain vestiges of the Victorian era remain, even today. Most men still believe they should be the leaders in lovemaking, orchestrating it for women, “giving” them erotic pleasure and earth-shattering orgasms every time.

This is wrong on three counts: 1) Each of us is responsible for our own orgasms. “You create the environment in which your lover feels relaxed, aroused, safe, and turned on enough to have one,” says Klein. But you don’t give them out. 2) When you believe your partner’s orgasms are your responsibility, lovemaking changes from sensual sharing into an erotic chore. Instead of adult play, sex becomes work. Experiencing sex as work is not the path to great sex. It’s the road to sexual resentment and problems. 3) Finally, with pornography

teaching so many men to view sex as nonsensual and all-genital, when men lead women in porn-style lovemaking, both sexes suffer. Women don't receive the whole-body sensuality that arouses them, and men's genitals feel so much pressure to "perform" that they often don't.

It's not your job to lead your partner in sex or deliver great orgasms, any more than it's your partner's mission to do the same for you. Orgasms come from deep within each of us when we feel relaxed and aroused enough to express them. A lover can create the context that allows us to express orgasm, but we express them ourselves.

## **Q:I'm a virgin. My girlfriend isn't. How can I act like I know what I'm doing once we decide to have intercourse?**

This is a common concern among today's young men. Men of previous generations rarely faced this issue. Until recently, plenty of men lost their virginity to women who had already lost theirs—but women rarely admitted it. The sexual culture said women were supposed to be shepherded through sex by men who were more experienced. So sexually initiated women kept their mouths shut for fear of alienating the inexperienced men who thought they were the leaders. No doubt some women still do this. But these days, young women are more likely to be candid about their sexual experiences, and as a result, young men are more likely to have a first sexual experience with a woman who they know is more sexually experienced.

It's perfectly natural to feel nervous about your first sexual experiences—or your second, third, or 130th. It's natural for young men to feel anxious about being the less experienced lover. It's also natural for men of any age to feel anxious when making love for the first time—or the first several times—with a new lover.

Many men are reluctant to admit it's their first time. Should you? "I encourage it," Sugrue says. "Trying to bluff your way through sex by acting more experienced than you are just puts extra pressure on you, pressure that can ruin sex. Lying also means you're not being honest with your partner. Men are afraid that admitting they're virgins or not very experienced will make them look like wimps. On the contrary, most women appreciate men who tell the truth. It's a breath of fresh air—a man who's not into macho posturing, a man mature enough to show some vulnerability."

Ultimately, it's up to you. Do what feels most comfortable. If you decline to reveal your virginity and the relationship continues, you can always mention it at

some point in the future.

Once you've owned up, here's how to act like you know what you're doing: Embrace the concepts of total-body sensuality as outlined in [chapter 1](#), and then read the section in [chapter 9](#) about making love with a virgin and "["Caressing and Beyond: Erotic Tips for Men"](#)". If you put this information to use, chances are she'll have the time most women need to become highly aroused. She'll also feel safe and sexually understood, which should help her become responsive. And she'll consider you a skilled lover. In fact, sexually inexperienced men who follow the guidelines in this book are likely to be considered better lovers than more experienced men whose idea of sex is a headlong rush into intercourse.

## **Q: Is it true that men peak sexually when they're 18? I feel like I missed out.**

Relax. You don't start sliding toward sexual oblivion once you're past 18. For most men, there's a big distinction between "genital prime" and "sexual prime." While your genitals may work best physiologically in high school, most men say they enjoy their best sex later in life—often much later—when they're more mature, and more sexually experienced and confident. The teen years mark sexuality's beginning, not its zenith.

Conventional wisdom suggests that men's sexuality is like their hair: With age, it recedes and eventually disappears. This contains a germ of truth. Aging brings sexual changes—but fewer than most men fear. What changes? In healthy men, just three: (1) frequency of sexual daydreaming, (2) ability to raise an erection from fantasy alone, and (3) firmness of erections. And none of these has a dramatic effect on your sex life.

When Kinsey Institute researchers asked teen men how often they had sexual thoughts, the consensus was every 5 to 10 minutes. Forty-year-olds asked the same question reported having fantasies about every half-hour—less than younger guys, sure, but still quite often.

Most teens can quickly raise full erections simply by thinking about sex. From age 20 to about 40, many men still can—just not as rapidly as during adolescence. After around age 50, most men can raise an erection as long as their penises get direct, erotic fondling.

Finally, although erection firmness peaks around age 18, it's not a major factor in lovemaking. Nor is it very noticeable. While sophisticated instruments can detect some loss of firmness after age 18, most healthy men don't notice any difference until their forties or fifties, says Michael Plaut, Ph.D., a psychiatrist at

the University of Maryland and past president of the Society for Sex Therapy and Research. Somewhat-less-firm, middle-aged erections are usually turgid enough for a man to enjoy intercourse and great sex.

## **QUANTITY AND QUALITY**

So, do younger guys get it on more often than older guys? Not according to the landmark 1994 “Sex in America” survey described in the Introduction. In this survey, men 18 to 29 years old were more likely than older men to have had sex four or more times a week—but only a small fraction of young men, about 10 percent, made love that often. The other 90 percent had sex about as often as guys in their forties and fifties.

Over the decades, the small proportion of hypersexual young men declined considerably, and the quarter of men who once enjoyed sex two or three times a week were less likely to maintain that frequency. Regardless of age, the proportion of men who made love at least once a week remained fairly consistent—and high: 64 percent of men ages 18 to 24, 78 percent in their late twenties, 76 percent in their thirties, 73 percent in their forties, and 66 percent in their fifties. In other words, men don’t shrivel up sexually through middle age.

Of course, sexual quality is as big a concern as quantity. Just as men who don’t lose their hair may dread going gray, you may worry that sex in middle age and beyond may lose its excitement. Not so. You’ve probably heard women say gray hair makes men seem distinguished and sexy. Likewise, plenty of research shows that age often improves sexual quality. “Sex involves a great deal more than youthful exuberance,” says *Great Sex* advisory board member Louanne Weston, Ph.D. “Older sex may not be as athletic as younger sex. But it can feel just as fulfilling—often, more so.”

In a 2001 *Newsweek* magazine survey of 801 Americans, ages 45 to 65, 57 percent of the men and 59 percent of the women said sex was as enjoyable or better than it was when they were younger. British researchers came to the same conclusion in a survey of 4,000 men and women. Three-quarters of respondents under age 45 said they felt sexually satisfied. For respondents over 65, the rate of satisfaction was identical, 75 percent. AARP (formerly the American Association of Retired Persons) surveyed 1,384 people aged 45 to 85. Respondents of all ages expressed a desire for regular lovemaking. Only 12 percent of those over 75 agreed with the statement “Sex is only for the young.” Among those with lovers, two-thirds called their sex lives “satisfying.”

## **SEX PROBLEMS?**

Other studies have explored the frequency of sex problems over a lifetime. While findings vary, this research finds few links between age and sexual fulfillment. According to the Chicago survey mentioned above, the only sex problem that becomes significantly more prevalent as men age is erectile dysfunction (ED). Seven percent of the youngest men reported it, versus 18 percent of men in their fifties. The incidence of every other men's problem—lack of sexual interest, lack of ejaculatory control, performance anxiety, lack of pleasure from sex, and problems expressing orgasm—held steady or decreased. Meanwhile, this study was conducted before Viagra was approved. No doubt today fewer men would report erection difficulties.

Middle-aged erections may subside during lovemaking and need direct touch to regain fullness. "This is perfectly normal," says Plaut. "It's not the beginning of the end for your sexuality." Quite often, all that's necessary to raise a firm woody is to ask your lover to fondle, stroke, or suck your penis more than she has been. It may feel odd to ask. Many men are used to having their erections spring to attention and previously haven't had to specifically ask for this kind of touch. Once you're over 40, you might have to.

## **Q:I think about sex all the time. Am I a sex addict?**

A whole industry has grown up around "sex addiction," complete with treatment programs that claim to cure it. Clearly, some people have deep psychological problems that find expression in sexually compulsive and destructive or abusive behavior. But not many—in fact, very few.

The word "addiction" is seriously overused. People claim to be "addicted" to chocolate, shopping, work, exercise, certain TV shows—you name it. They're not truly addicted. They simply like chocolate or whatever, and feel a sense of loss if they can't have it. But even when they don't get what they're "addicted to," they function normally—though from time to time, or even frequently, a chocolate "addict's" thoughts might drift to Hershey bars.

The "sex addiction" industry would have us believe that sexual compulsion includes not only those who need intensive psychotherapy or who belong behind bars, but also anyone who has frequent sexual thoughts, feelings, and fantasies. I disagree.

In one study, researchers at the Kinsey Institute asked a large group of men if sexual thoughts had "crossed their minds" during the previous 5 minutes. Among 16- and 17-year-olds, 51 percent said yes, as did 20 percent of men aged 40 to 55. In other words, it's normal to think of sex frequently, even as often as

every 5 minutes. It doesn't mean anything is wrong with you, and it certainly doesn't mean you're a "sex addict."

"The sex-addiction industry exploits people's fears of their own sexuality," Klein explains, "and calls just about anything beyond intercourse with your wife twice a month 'sex addiction.'" Of course, obsessive thoughts about sex might take over your life, make you flunk courses in school, get fired from a job, or trigger relationship turmoil or break-ups. In such cases, I recommend consulting a mental health professional. But by themselves, frequent—even very frequent—sexual thoughts are no cause for alarm. They're normal.

## **Q: During sex with my girlfriend/wife, I have fantasies of other women. Is that okay? Should we share our fantasies?**

Great sex is a combination of friction and fantasy. Everyone enjoys the friction. Unfortunately, some feel uncomfortable about the fantasy.

A common sexual myth is that lovers should be completely wrapped up in each other, banishing from their minds all other thoughts—especially fantasies of sex with anyone else. However, while in the throes of passion, many people have thoughts of other lovers—old partners, movie stars, a friend's mate, the waitress at lunch—you name it. Many people also feel guilty about such fantasies. They consider it "mental unfaithfulness." A survey conducted for the *New York Times* asked: "As long as you are faithful to your partner, do you think it's okay to fantasize about having sex with someone else?" Forty-eight percent said it was harmful to fantasize about other lovers.

Relax. It's perfectly normal to fantasize about having sex with someone other than your regular lover. "Fantasies of other lovers are probably the most common sexual fantasies," Klein says. At the University of Vermont, researchers surveyed 178 sexually active adults, 84 percent of whom admitted that during sex with one partner, they fantasized about having sex with another. They also frequently fantasized about sex that was "kinkier" than what they actually did or wanted to do—for example, sex in public, group sex, or bondage. One-quarter of the group expressed "significant guilt" about their fantasies, calling them immoral, abnormal, and harmful to their relationships. In terms of sexual satisfaction, those who fantasized the most enjoyed the greatest sexual satisfaction and the fewest sex problems. Those who felt guilty about their fantasies were less sexually satisfied and reported the most sex problems.

University of Louisville researchers corroborated these findings. They surveyed 117 women, aged 26 to 78, about their sexual daydreams. Those who

daydreamed about sex the most—no matter what the content—enjoyed the most overall sexual satisfaction.

So why are so many people opposed to fantasies of other lovers? “They worry that having such fantasies raises questions about their commitment to their real-life relationship,” says Harold Leitenberg, Ph.D., the University of Vermont psychology professor who conducted the study mentioned above. Sex experts agree that if you’re in a basically happy relationship, fantasies of other people do not imply any dissatisfaction with your primary relationship. “Many people have fantasies about what they’d do if they won the Lotto,” Weston says. “That doesn’t mean they hate their lives.”

What a shame that so many people feel it’s wrong to engage in something as normal as wide-ranging sexual fantasies. Sex is a spiritual experience, a kind of meditation, if you will. In meditation, people take a break from their chores, sit quietly, breathe deeply, and try to empty their minds, transcending themselves in an effort to connect with the world beyond them. But emptying the mind isn’t easy. Random thoughts dart in and out of consciousness. In meditation, you’re taught to accept these thoughts without judging them, no matter how bizarre they might be. And when you emerge from your contemplative time-out, you feel refreshed and relaxed.

During lovemaking, it would be nice to empty your mind of all thoughts unrelated to your lover. But as in meditation, that’s usually impossible. Fantasies happen. You can’t help it. Fantasies, even wild ones, are normal—and quite common. In one study, half of the women admitted fantasies of being sexually dominated, even forced to have sex, while half of the men admitted fantasies of dominating women sexually and “taking” them. Try to accept your fantasies without judging them. They are no reflection on your morality, faithfulness, or mental health. In meditation and in sexual fantasy, everything is permitted and nothing is wrong.

Fantasies are not only normal, they also enhance sex. Recall that good sex involves friction and fantasy. “Friction has limits,” Alperstein explains. “There are only so many ways one person can touch another. Fantasy has no limits. Our ‘wildest dreams’ are a safe way to become very aroused, which is how fantasy can help a good love life feel even better.”

The distinction between fantasy and reality is important. What about fantasies of situations you’d never want to act out in real life? The range of images people find arousing is usually broader than the range of activities they enjoy. A man might fantasize that he’s rescuing a woman from a burning building without the slightest wish to be caught in a fire on the 14th floor. However, some sexual fantasies might signal a problem—if you consistently fantasize about sex with

one specific other person, for example. “That’s a sign of a possible relationship problem,” Weston says. Or if you feel tempted to act out fantasies that are harmful to yourself or others. But here we’re not focusing on falling out of love with one person and in love with someone else, or turning fantasies into reality. We’re concerned with true fantasies—the marvelous, unexpected, at times crazy or disturbing notions that pop up momentarily during sex, and then go their merry way.

Should you share your fantasies with your partner? The comedian Rodney Dangerfield tells a story of making love with his girlfriend, and things aren’t going very well. They’re both cranky, and neither gets turned on. Finally Dangerfield asks, “What’s the matter? Can’t you think of anyone either?”

Whether you should share fantasies really depends on you, your lover, your fantasies, and your mutual comfort with talking about sex. Some couples share fantasies to arouse themselves or each other. If you’d like to try this, begin with an innocuous fantasy; for example, you’re out for the evening, and you fantasize that she wears a skirt but no panties. Does such sharing arouse you both? Does it bring you closer? Or does it turn off one or both of you? If sharing an innocuous fantasy is a mutual turn-on, you might slowly progress to sharing riskier fantasies until you and your lover reach your comfort limit. If sharing an innocuous fantasy is a turn-off, stop.

Grant yourself and your lover freedom of fantasy. Sexual fantasies are normal, healthy, and sex enhancing. If your sex life feels boring, use your imagination. Try some new fantasies. You’ll probably enjoy better sex.

## **Q:I sometimes have fantasies of sex with men. Am I gay?**

It’s perfectly normal—and fairly common—for people who identify themselves as heterosexual to have fantasies of same-sex lovers. The myth is that heterosexuals are 100 percent into the opposite sex with zero curiosity about same-sex lovers, and that homosexuals are totally committed to same-sex lovers with no interest in the opposite sex. But sexual orientation is not always an either-or proposition. Many people fall somewhere in between. And some people are bisexual, with clear interest in sex with both men and women. All these sexualities are normal.

“Same-sex fantasies do not mean you’re gay,” Sugrue explains. “What they mean is that you’re a sexual person, who occasionally gets turned on by same-sex fantasies. It’s quite common for happy, well-adjusted heterosexuals to have same-sex fantasies or to dream about same-sex contact. Dreams and fantasies are

a safe way to experience the outer reaches of your sexuality in a nonthreatening way.”

However, same-sex fantasies do suggest that you’re not 100 percent heterosexual. They suggest at least some homoerotic interest, which is normal.

Should you act on same-sex fantasies? That’s for you to decide. Think about it. Fantasize about it. Take your time figuring out what you’d like to do. A good resource is Bisexual Internet Resources (see Resources).

# RELIABLE ERECTIONS

## EVERY MAN'S GUIDE FOR LIFE

Until age 51, I never had any erection difficulties, not even on the few occasions I overindulged in that notorious erection-killer, alcohol. Then things began to change—slowly at first, but over time, noticeably. My erections didn't rise as rapidly as they once had, and I needed more stroking to stay hard. I couldn't take my erections for granted anymore. My middle-aged erections required work.

When I first noticed these changes, I'd been a sex educator and counselor specializing in men's sexuality for almost 30 years. In hundreds of articles, seminars, and media interviews, I'd explained how erections typically become balky in men over 50, and that older men need more direct stimulation to raise and maintain them. I knew I didn't have "erectile dysfunction" (ED), the post-Viagra term for what was once called "impotence." ED involves a persistent inability to raise and/or maintain an erection sufficient for intercourse. A major tip-off is not waking with morning erections. I woke with morning erections. I could get it up, keep it up, and enjoy intercourse. But my erections were different. And I didn't like it.

A medical cause seemed unlikely. I didn't have any risk factors for ED. I didn't smoke or have diabetes, heart disease, or high blood pressure. I wasn't overweight. I drank less than I had earlier in adulthood—no more than a couple of drinks a week. I took no medication with erection-impairing side effects. I exercised regularly, ate a near-vegetarian diet, and usually slept at least 7 hours a night.

A psychological cause also seemed unlikely. I don't claim to be a paragon of mental health, but I wasn't depressed. My marriage was solid, affectionate, and communicative. I had some family stresses—teens in the house, aging parents, a mother-in-law with Alzheimer's—but nothing severe enough to raise a red flag. My career was in decent shape. I had friends. I enjoyed sex with my wife. I was also well aware that I didn't need an erection to satisfy her, so I didn't feel

performance pressure. Life was good—except that suddenly, I had balky erections. The evidence pointed to one inescapable conclusion—normal, age-related erection changes. No big deal.

Only, it *was* a big deal. It didn't matter that my erection changes were normal. I found them distressing. I flashed on that old joke: Fear is the first time you can't get it up the second time. Panic is the second time you can't get it up the first.

I complained to my wife, a family physician who deals with ED in her practice. "Get a grip, Mike," she replied. "If anyone should know this is normal for a man your age, you should."

"Right," I said. "This is normal. I know that. I'm not alarmed." And I wasn't. But I was concerned. Who wouldn't be?

## **THE NEW WORLD OF ERECTILE DYSFUNCTION**

The world of erection impairment changed dramatically on March 27, 1998, the day the Food and Drug Administration approved the little blue pill, Viagra, for treatment of ED. Viagra was not the first drug treatment for erection impairment, but it was the one that captured the public's imagination. Viagra took the country—and the world—by storm. During its first month of availability, U.S. doctors wrote more than 300,000 prescriptions, making it the fastest-selling new drug in history. Within 6 months, doctors wrote repeat prescriptions at the rate of 100,000 a month—a figure that has increased in the years since. Today, Viagra is one of the most successful drugs ever marketed. More than 10 million men have taken more than 125 million tablets. Annual sales approach \$2 billion. And with millions of male Baby Boomers in their 50s and getting older every day, the little blue pill's future looks bright—and many drug companies are scrambling to develop their own erection-enhancing medications.

Viagra not only changed ED treatment, it also changed the way we think about the condition. Since the drug's arrival, ED has been transformed from something rarely discussed in public into a multi-billion-dollar-a-year industry, with celebrity spokesmen all over the media enthusiastically touting Viagra's benefits. Vitamin V, as grateful users sometimes call it, also changed the traditional terminology used to discuss erection impairment. For a good 20 years before its approval, sexuality professionals (myself included) had been waging a futile battle to retire the term "impotence," with its derogatory implications, and

replace it with the more neutral term, “erectile dysfunction.” Within a year of Viagra’s approval, “impotence” was out and ED was in.

Ironically, Viagra proved controversial among some sex therapists, who feared that the “medicalization” of ED would cost them clients. “In fact,” says Janet Hyde, Ph.D., a professor of psychology at the University of Wisconsin in Madison, and a past president of the Society for the Scientific Study of Sex, “Viagra has been a boon to sex therapy. It put ED in the news. It gave men permission to admit they had the problem and get help, which often included sex therapy.”

Sex therapists also feared that Viagra would reinforce the widespread—but mistaken—belief that erection equals sexual satisfaction for both men and women. And, in a way, it has. It perpetuates the pornography-inspired notion that sticking an erection into erotic openings is all there is to sex. “In fact,” says *Great Sex* advisory board member Marty Klein, Ph.D., “it’s quite possible to have a rock-hard erection and still have lousy sex.”

Viagra is not the answer to every man’s erection problem. And it certainly doesn’t resolve the relationship issues that often contribute to erection impairment. But it has transformed ED from a private agony into a public issue less likely than ever to cause shame or embarrassment. And because of the new frankness Viagra has inspired, we now know that erection difficulties are common in men of all ages.

## THE SECRET IS OUT

Before Viagra, erection problems were by no means rare, but they were not considered particularly common. The pre-Viagra view was that ED affected the elderly, and men with such chronic or debilitating medical conditions as diabetes, heart disease, depression, and spinal cord injuries.

Today, the picture looks very different. It started changing several years before Viagra arrived, when researchers with the Massachusetts Male Aging Study, an ongoing investigation of 1,709 men over 40, published a report on ED among study participants. Overall, more than half the men (52 percent) reported at least some erection difficulty, notably the balkiness common in middle-aged men. Here’s how the problem broke down by age group.

### Erection Difficulties (%)

Age	Mild,	Moderate,	Severe,	Total (%)
-----	-------	-----------	---------	-----------

	Occasional	Frequent	Constant	
40	18	17	5	40
50	18	19	8	45
60	18	27	11	56
70	18	32	15	65

These findings make ED look surprisingly prevalent. Other recent surveys have shown that erection problems are less common—the result of different survey techniques and other definitions of ED. But all recent studies agree that erection difficulties are fairly common and not confined to elderly men.

- The 1996 University of California survey (described in the Introduction), which measured persistent ED, not occasional balkiness, found this prevalence:

18-29	3 percent
30-39	5 percent
40-49	7 percent
50-59	12 percent
60-69	16 percent
70+	25 percent

- The 1999 University of Chicago survey (also described in the Introduction), which asked if ED had been a problem in the previous year, found this prevalence:

18-29	7 percent
30-39	9 percent
40-49	11 percent
50-59	18 percent

- And a 2002 University of North Carolina survey of men over 40 showed that 22 percent experienced erection difficulties “at least sometimes.”

It seems that, until Viagra, many younger, healthy men with ED suffered in silence, according to Stanley Althof, Ph.D., a psychologist at Case Western Reserve University and codirector of the Center for Marital and Sexual Health in Cleveland. Their penises may not have been stiff—but their upper lips certainly were. Viagra provided hope that erection difficulties could be resolved quickly

and easily. As a result, it encouraged men to be more forthright, particularly about mild, occasional problems now increasingly called “erection dissatisfaction.”

“No one really knows how much ED is out there,” Klein notes. “Even today, post-Viagra, many men won’t admit that they have problems. But this much is certain: Many, many men experience erection dissatisfaction. They believe they are entitled to firm erections every time they feel sexually aroused, and if that doesn’t happen for any reason, they get upset.”

## YOUR SEXUAL BODY AND HOW IT WORKS

Before we go into the reasons why ED exists, let’s take a look at the parts of your body that help create an erection in the first place.

You look between your legs and you see everything, right? What’s to explain? Actually, what you see is only a fraction of what’s down there. Take the penis, for instance. It’s twice as long as you think it is. About half of it is hidden inside your lower abdomen. Along with the part of your penis that you can see, your internal penis also becomes blood-engorged and firm during erection, providing the structural support that allows the external part of the penis to enter erotic openings without buckling.

The pudendal arteries that supply blood to the penis are surrounded by smooth muscle tissue. So are the three major columns of erectile tissue inside the penis (the two corpora cavernosa and the corpus spongiosum). When the penis is flaccid, this smooth muscle is contracted and not much blood circulates through the organ. But with sexual stimulation, the nerve cells in the penis release nitric oxide, which triggers the production of a substance called cyclic guanosine monophosphate (cGMP). As cGMP levels rise, arterial smooth muscle tissue relaxes, and more blood flows into the penis. The smooth muscle tissue in the corpora cavernosa and the corpus spongiosum also relaxes, and they fill with the extra blood. Like a balloon filling with air, the penis lengthens and becomes firm.

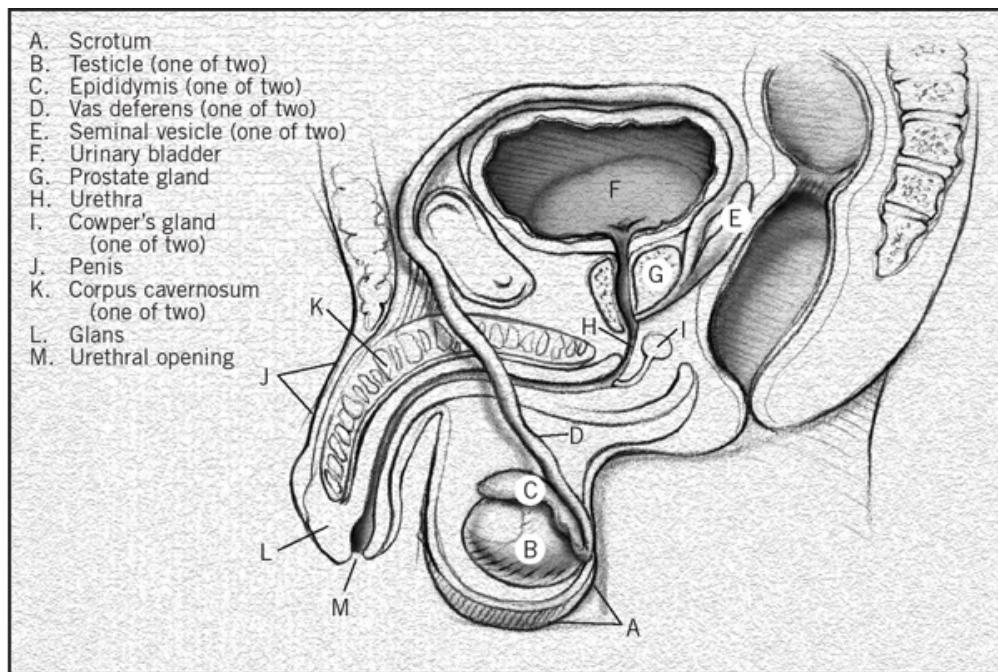
Make no mistake, the penis is not a balloon—blood circulates in and out of it no matter whether it’s flaccid or erect. But as the penis swells, the veins that carry blood out become somewhat compressed. Less blood leaves the penis, which encourages blood to pool in the organ’s erectile tissues.

The length of your external penis is the shaft. The end, which resembles a mushroom cap, is the head or glans. At birth, the glans is covered by a flap of skin called the foreskin. In some men, this flap is removed surgically shortly

after birth (circumcision). There is no compelling medical reason to perform circumcision. In noncircumcised men, the foreskin retracts during erection, exposing the head of the penis. However, in some men, the foreskin does not retract completely, which may cause pain during erection. In such cases, doctors often recommend circumcision.

If your foreskin is intact, be sure to retract it by hand and wash its inner lining thoroughly every time you shower. If you don't, dirt and bacteria can accumulate, increasing your risk of spreading sexually transmitted infections—not to mention that your penis doesn't taste as good during fellatio. Poor hygiene is a major turn-off for women.

After ejaculation, erection subsides. The older you get, the faster this happens. In young men—from teens through the 20s—the penis may remain firm for a while after ejaculation, and erection may subside slowly. But in older men, erection fades quickly. This is normal, and not a sign of erectile dysfunction.



## Male Sexual Anatomy

After ejaculation, young men may be able to raise another erection within an hour or so. But as men age, the time lengthens between orgasm and the ability to become erect again. Older men may require 12 hours—or longer. This, too, is normal.

While your penis is certainly important to your sexual function and pleasure, there's much more to your sexual body. The scrotum is where your genital tract

begins. It's the fleshy sack that hangs between your legs and houses your two testicles, or testes. Each testicle contains millions of tiny tubes, the seminiferous tubules that produce sperm, or male sex cells. Sperm production begins at puberty and, barring severe illness or injury, continues for a man's entire lifetime.

The optimal temperature for sperm production is a few degrees cooler than normal body temperature. That's why the scrotum evolved to hang outside of the trunk of the body—to keep sperm cool. Chances are you've noticed that when you feel cold, for example, in a chilly locker room, your scrotum seems to hug your body; but when you're warm, say, after a shower, your scrotum hangs much lower. That's the body's way of keeping the testicles at the best temperature for sperm production. When testicular temperature falls below optimal for sperm production, muscles in the scrotum contract and pull it up close to the body for warmth. But when testicular temperature rises, those same muscles relax, dropping your testicles away from your body to keep them cool. High temperature kills sperm, so men with low sperm counts should avoid hot tubs and sitting for extended periods with their thighs pressed together. Both of these warm the testicles to the point where sperm may die from heat damage.

Inside the scrotum, adjacent to each testicle, is a tightly coiled tube called the epididymis (plural: epididymides), where sperm are stored during the few months they need to mature. If you like, when your scrotum is relaxed, you can feel your epididymides. First gently feel for your testicles. Right next to them, you may be able to feel something spongy. That's the epididymis.

Once mature, sperm travel up and out of the scrotum through the vas deferens (plural: vasa deferentia), a tube attached to each of your epididymides. These are the tubes that a doctor cuts during male sterilization surgery, or vasectomy. Sperm account for only about 2 percent of the volume of semen. So, while vasectomy eliminates sperm from semen, you notice no difference in your ejaculations after vasectomy. Each vas tube arches around your pubic bone, a hard structure you can feel by pressing on your lower abdomen near the base of your penis. You can use this bone to increase a woman's likelihood of orgasm during intercourse using the coital alignment technique discussed in [chapter 8](#).

Beyond your pubic bone, each vas deferens tube passes your seminal vesicles, tiny glands that secrete a yellowish fluid that becomes part of semen. This seminal vesicle fluid nourishes sperm on their long journey out of the penis, into the woman's vagina, through her cervix, through her uterus, and into her fallopian tubes, where conception takes place. It's a long swim for microscopic sperm, and they need all the help they can get.

Then, both vas deferens tubes merge with your urethra in the prostate gland.

The prostate produces most of the fluid that makes up semen. Both urine and semen flow out of the body through the urethra, but they don't mix. A valve activated by erection allows only urine to flow when the penis is flaccid, and only semen to flow when it's erect.

The prostate is located toward the back of your body, above your anus. The prostate's size is a key sign of its health. The easiest way to check this gland's size is by inserting a lubricated finger into your anus. That's why doctors perform rectal-finger exams on men—to check the size of the prostate. In young men, the prostate may develop a bacterial infection (prostatitis), in which case it swells, feels tender, and the finger exam hurts. Doctors treat prostatitis with antibiotics. The prostate may also become chronically tender and painful without infection (chronic prostatitis or prostdynia). This is often caused by lower abdominal muscle tension. Relaxation regimens (hot baths, meditation, biofeedback) often help. Some doctors prescribe muscle relaxants.

Until age 50 or so, your prostate is about the size of a walnut. After that, because of normal, age-related changes in the male sex hormone testosterone, the prostate begins to grow, a condition called benign (noncancerous) prostate enlargement (medically, benign prostatic hypertrophy, or BPH). The urethra, the tube that carries urine from the bladder out of the penis, runs through the prostate. As the gland swells, it pinches the urethra, causing BPH symptoms: trouble starting to urinate (medically, urinary hesitancy), trouble finishing (dribbling after you think you're done), and the most annoying, having to get up at night to urinate (nocturia). Although all men develop prostate enlargement as they age, risk of BPH symptoms is highly individual. Some men need treatment. Others don't. According to a recent Dutch study of 81,000 middle aged men, by age 75, about half opt for BPH treatment.

Getting up once or twice a night doesn't bother most men. But if you experience classic symptoms by your 60s, you may have to get up three or more times. That's when men consult their doctors for treatment. Currently, there are two ways to treat BPH—drugs and surgery. The drugs (and one safe medicinal herb, saw palmetto) slow prostate enlargement and may even reverse it, relieving the pinching that causes nocturia. But medication benefits may be temporary. Prostate surgery (medically, transurethral resection of the prostate, or TURP) offers benefits that typically last about 10 years. This surgery involves inserting a tiny special catheter into the urethra at the tip of the penis, threading it up into the prostate, and then using a cutting tool attached to the catheter to snip away excess prostate tissue, which widens the urethral passage. More than 300,000 TURPs are performed in the United States each year. The operation requires up to a few days of hospitalization, and about a week's recovery time at home.

Afterwards, you maintain normal sexual function, except that orgasm no longer involves ejaculation of semen out of the penis. Instead, you ejaculate backwards into your bladder (dry orgasm, or medically, retrograde ejaculation). Dry orgasm is not harmful and does not diminish the pleasure of orgasm. Your semen mixes with urine and leaves your body when you urinate.

The Cowper's glands are located along the urethra just beyond the prostate. When you're sexually aroused, these glands secrete additional fluid into semen.

## THE MANY CAUSES OF ERECTILE DYSFUNCTION

Until the 1980s, most sex experts held the Freudian view that erection impairment was caused by deep-seated, unconscious neuroses (read: psychological problems). Today, sexuality professionals have largely rejected Freud's view. Few men with erection problems have deep psychological problems. According to Althof, "Pure cases of psychogenic (that is, neurotic) ED are the exception, not the rule." The majority of cases are caused by a combination of sexual misinformation, relationship problems, other life stresses, aging, cardiovascular problems, depression, and drug side effects.

### THE MYTH FACTOR

In young men, the main cause of erection problems is emotional stress created by sexual misinformation, belief in the myths perpetuated by pornography and locker-room "experts" who are usually clueless about sex. Here are the most common erection-deflating myths, and the truth about them.

**Myth:** Erection is something a man "achieves."

**Truth:** The American Urological Association (AUA) defines ED as "persistent (at least 3 months) inability to achieve or maintain erection sufficient for satisfactory sexual performance." The word "achieve" makes an erection seem like something a man must work to produce, as though he were constructing a building. But how do you do this work? For most men, erections just happen and they take them for granted—until, for whatever reason, their penises don't spring to attention. Then men have no idea how to "achieve" one. "You can't will an erection," explains advisory board member Louanne Weston, Ph.D. "The struggle to 'achieve' erection is actually counterproductive. It's distracting. The man loses his erotic focus. And the quest to 'achieve' erection generates

considerable stress. The smooth muscle tissue in the penis stays contracted, which limits bloodflow into the organ and keeps the man flaccid.”

Penises don’t become erect through work. In fact, erection results from the complete opposite of work—the kind of deep sensual relaxation described in [chapter 1](#). The more sensual your lovemaking, the more likely you are to rise to the occasion. As I’ve mentioned in the preceding chapters, leisurely, whole-body, massage-inspired sensuality is critical to women’s sexual arousal—and arousal is contagious. The more turned on she is, the more turned on—and erect—you’re likely to become.

**Myth:** Sex is a “performance.”

**Truth:** The AUA definition of ED mentions “satisfactory sexual performance.” Like the word “achieve,” the term “performance” has troubling implications. It makes men feel like they’re being judged, that women are rating them as lovers. When you think of sex as a performance, you’re likely to fall into the trap of what sex therapists call “spectatoring.” Instead of feeling relaxed and fully engaged in lovemaking, you’re mentally observing and judging your performance like a spectator at a sporting event.

People tend to judge themselves and their actions more harshly than others ever would. Spectatoring invites this kind of self-criticism—and the stress that accompanies it. Stop thinking of sex as a performance to be watched and judged. Think of it instead as a form of adult play. It’s best when the two of you feel deeply relaxed, when the focus is entirely on giving and receiving pleasure. There’s no performance, no audience cheering or booing, no reviews. It’s just you and your lover enjoying each other’s intimate company.

**Myth:** Men are sex machines, always ready, always hard.

**Truth:** The assumption is that men are so easily aroused that any female attention produces a bulge in their pants. Many young men—but by no means all—can raise erections whenever an attractive woman comes into view and can have sex at a moment’s notice. But after age 30—often earlier—things change. Like women, men develop a set of conditions that need to be met before they can raise erections and enjoy sex. The conditions vary from man to man, but include such things as: privacy, relaxation, a feeling of emotional closeness with the woman, a romantic setting, no interruptions, and specific types of sexual stimulation.

It’s perfectly normal to have conditions for sex. In fact, it’s unusual not to. Say you love professional football. You’d do almost anything to attend games. But if the game is outdoors and it’s 10 below zero and snowing, you might decide not

to go. Sex is similar. You can love sex, but still need certain conditions to enjoy it. If your conditions are not met, your penis might not be interested. “Men’s belief that they’re supposed to be sex machines is one of the biggest burdens men carry into the bedroom,” *Great Sex* advisory board member Dennis Sugrue, Ph.D., says. “All it does is generate stress, which contributes to erection problems.”

**Myth:** During each sexual encounter, you get only one shot at erection.

**Truth:** “Many men have the mistaken idea that they get only one chance for erection,” Weston explains. “If it subsides, they think the sex is over and they’re failures.” No so. Some young men stay rock-hard the whole time, but as the years pass, even those who were once the Washington Monument experience some waxing and waning. For most men, erections go from firm to less firm—or even flaccid—and then back to firm several times during lovemaking. As men grow older, they need more and more direct penis stroking to raise and maintain erection. This is normal, natural, and no cause for alarm.

Unfortunately, when men who believe the “only one chance” myth begin having erections that occasionally subside, they become anxious, which is self-defeating. Anxiety deflates erection. If your erection subsides during sex, don’t tense up and decide it’s all over. Instead, breathe deeply, keep the faith, and ask your lover to caress you in a way that you enjoy. Chances are, your erection will return.

Many women also expect erections to remain hard throughout the entire sexual encounter. If your erection subsides, your lover may feel unattractive, or think she’s a sexual failure. Reassure her that erection changes are normal during lovemaking. When it happens, both of you should understand that you need more direct caressing.

**Myth:** I blew it last time. I’ll never get it up again.

**Truth:** This myth is similar to the previous one—and equally false. Of course, it feels strange not to become erect during sex. But it’s a big mistake to over-generalize a single experience to a lifetime of ED. If you miss a shot playing hoops, does it mean you’ll never make another? If you lose at cards one week, does it mean you’ll never win again? Sometimes things go your way, sometimes they don’t. “One negative sexual experience doesn’t mean your erections are history,” Sugrue says. “Thinking so can generate enough stress to cause a self-fulfilling prophecy.”

If you can’t get it up, don’t flip out. Instead, take a careful look at the situation. Here are some possible reasons why things might not work: You were

tired. You had too much to drink. You felt stressed by job problems, money troubles, family problems, relationship hassles. You were physically uncomfortable. You wished you were doing something else. You felt distracted by people in the next room, or a party next door, or jackhammers in the street. If you can't give sex the undivided attention it deserves, your erection may decide to wait until next time. Work to eliminate stresses and distractions. Invest some extra time and effort in relaxation and sensuality. Your penis will thank you with a tall salute.

**Myth:** If I can't raise an erection, she can't be sexually satisfied.

**Truth:** Erections are not necessary to satisfy women. Even without an erection, you can still help your lover express orgasm by providing loving, whole-body caresses and eventually direct clitoral stimulation with your hand, or tongue, or with a sex toy. Men who believe this myth put way too much pressure on themselves to get hard and stay hard to satisfy the woman. That stress can impair erection. This may come as a surprise, but the vagina is not well endowed with nerves that respond to sexual stimulation, and the deeper inside your penis goes, the fewer of those nerves it finds. Most women enjoy intercourse for the physical closeness it involves and because it's such a turn-on for so many men. But vaginal intercourse is usually not the key to women's sexual satisfaction. Most women's main source of sexual pleasure and satisfaction is the clitoris, located outside the vagina and above it, under the junction of her vaginal lips.

## IT'S NOT A DREAM JOB

### THE STRANGE WORLD OF PORNOGRAPHY

**B**y the time they drop their pants, every man in porn sports a major boner. Many men figure they should, too. But few men can. Those who can't often feel inadequate, and the stress can contribute to ED. However, there's a dirty little secret about the erections you see in pornography. Before Viagra, the men in porn—all young, healthy, buffed studs—often had trouble raising erections.

Who wouldn't? Porn sex is completely nonsensual, which contributes to erection problems, and the pressures most men feel to get it up are nothing compared to the pressures the men in porn face.

Richard Pacheco, a porn star during the 1970s and early 1980s, recalls his first day at work: "I was nervous about acting, nervous about having sex in front of the crew, and nervous about my penis getting hard. Driving over to the shoot, I practiced getting hard in my car. I felt terrified. I had

no idea who I'd 'work with,' as they say. I was told to arrive at 8:00 A.M. Then they told me I'd go on at 11:00 A.M. I spent the entire morning sick with anxiety, getting made up and fitted for my costume, a doctor outfit. At 11:00 A.M., wearing a white coat, I was called to the set and very briefly introduced to a young, airhead girl. We didn't say two words to each other. Then the director tells me: 'Okay, you get it up,' and to the girl, 'Suck him.' She dropped to her knees, and I actually got hard. I was amazed that my plumbing worked. After a while, I noticed that the girl was totally bored. It was the first time in my life any woman had seemed bored while sucking me. It was a rude introduction to the difference between personal and professional sex. About 30 minutes into it, the director tells me: 'Now come.'

"All of a sudden, I lost my erection. Everything stopped as the director and crew waited for me to get hard again. Only I didn't. I panicked. The girl kept sucking me, but nothing happened. I had never experienced any sexual dysfunction before in my entire life. But there I was, limp as a wet noodle in front of 30 people with bright lights and cameras, and the director looking impatiently at his watch, saying, 'Time is money, kid.' Talk about performance anxiety. After about a half hour the director told everyone to break for lunch. They all ate a fancy catered spread, and I was alone in the bathroom trying to get my penis to work.

"After lunch, I still couldn't get it up. Two o'clock passed, three o'clock. Everyone was standing around waiting for me to get hard so we could shoot the come shot. Finally, around 4, I flashed on my very first makeout experience. There was still magic in those memories. I raised an erection. My leading lady woke up and started sucking, but as soon as she touched me, I lost it. This happened a few times. Finally, the director told her: 'Don't touch him until he's squirting.' So I basically masturbated to orgasm, and she got in there at the very end. But I was convinced that I'd never hear from the film company again."

Pacheco had no idea that his experience was typical. He went on to make more than 100 X-rated videos during a 10-year career. But even after he became a star—winning three Best Actor and five Best Supporting Actor awards from the Adult Entertainment Association—he had trouble raising erections on the set. "It's unnerving having sex in front of others. For me, I need a connection with the woman—if not love, at least friendship. You rarely have that in porn sex. I stuck with it because I became a star and made good money. But my problem plagued me my entire career."

After making about a dozen films, Pacheco met another actor who gave him some tips about raising and maintaining erections on the job: "His name—I kid you not—was John Seeman. During the 1970s, John was a porn legend. He could get it up during an earthquake, and often worked as a 'stunt cock.' Producers hired him to be there just in case another actor totally pooped out. John would step in and they would substitute his penis for the other guy's. John and I became friends, and he told me his trade secrets. He said, 'You've got to please yourself. Don't take orders. Give them. Instead of letting the director order you around, you've got to say: 'Here's what I need to get it up.' Believe me, he'll be grateful. He wants you to get hard, or he has no movie.'" Pacheco still had erection problems on porn sets after embracing Seeman's advice, but he says, "John helped me a lot. In porn sex or in real sex, you have to get your needs met or else your penis doesn't work."

Today, porn actors routinely use Viagra—and some still have erection problems. Meanwhile, the vast majority of men who view porn have no idea that film crews can stand around for hours waiting for the actors to get hard. All viewers see is reliable, rock-hard erections every time. And if their own are not as reliable and as hard, they're convinced something must be wrong with them.

**Myth:** When I can't get hard, she says it doesn't matter. She must be lying.

**Truth:** In surveys that have asked women how they feel about men with erection problems, most say they wish men wouldn't become so obsessed with the situation. For most women, a man's lack of erection is less of a problem than his anxiety, depression, anger, confusion, and emotional withdrawal because of it.

Erection matters to women, largely because it matters so much to men. Women know that if a man can't get it up, he's going to be miserable, which affects her. "When a woman says a man's lack of erection 'doesn't matter,'" Weston explains, "what she usually means is that the couple can still have sensual fun without one, that she can enjoy sexual satisfaction without one, and that things are likely to be better next time."

**Myth:** If I can't get hard, she'll leave me.

**Truth:** "Women rarely walk out on men because of erection problems," says *Great Sex* advisory board member Linda Alperstein, M.S.W., L.C.S.W. "They're more likely to feel the problem is their fault, that they're unattractive, or undesirable, or that the man has lost interest and is having an affair." Couples rarely break up solely because of sex problems. If you develop an erection problem, chances are she won't leave you. She's more likely to want to help you resolve it.

**Myth:** With age, all men develop ED.

**Truth:** Aging brings erection changes, but that doesn't mean ED is inevitable. Review the studies cited earlier in this chapter. Erection balkiness is common, but even among men over age 70, severe ED affects only a minority. On the other hand, as men age, their penises generally require direct stroking to become and remain erect. Erections take longer to rise and need more fondling to do so. "With age," Sugrue insists, "men often develop medical conditions that can impair erection. But ED is not a normal part of aging."

## IT'S OKAY TO RECEIVE PLEASURE

Recently, a 30-year-old writer for *New York* magazine recounted his 6-month battle with ED. It began when he bedded a new lover, which can be stress-provoking for anyone. They'd just met and he hardly knew her, which added to his stress. She also happened to be a sex columnist for a woman's magazine, which triggered horror fantasies that she would write about him, review his sexual "performance," and demolish him in print. He was a nervous wreck.

They undressed, got into bed, and started rolling around, but his penis went nowhere. She asked, "What would you like me to do for you?"

The writer considered her question, and decided it was absurd. "There was nothing I wanted her to do for me. All I wanted was to please her."

A century ago, sex was something men "did to" women, or "took" from them. Today, it's more likely to be something they hope to "deliver." Many men believe the "goal" of sex is to satisfy the woman, that it's their "job" to

orchestrate sex, lead her through it, and “give” her a fabulous orgasm, or several.

It’s great for a man to care enough about his lover’s pleasure to create the erotic context in which she feels relaxed and aroused enough to enjoy herself and express orgasm. But it’s a mistake to consider it your job to deliver her pleasure on an erotic silver platter. Sex is not a job—it’s play. You’re supposed to have fun. Ask how she would like to play. Take her requests seriously and do your best to provide the caresses she wants. Ask for what you want, too. Sexual satisfaction emerges from deep within each of us. It’s not your responsibility to satisfy her, or hers to satisfy you.

The *New York* magazine writer saw doctors. There was nothing physically wrong with him. He considered Viagra, but before trying it, he consulted a sex therapist who told him: “By trying so hard to please her, you forgot about yourself. You ignored your own sexual needs. You took the pleasure out of sex, and turned it into a ‘project.’ You don’t have an erection problem. What you have are mistaken ideas about sex. Just relax and let yourself receive pleasure as well as give it.”

He did, and all was well.

“Everyone has a right to be a little selfish in sex,” Althof explains. “It’s okay to spend some of the time focusing on your own relaxation, your own arousal, your own pleasure.”

## **RELATIONSHIP PROBLEMS AND OTHER LIFE STRESSES**

Many men notice that they can raise erections solo, but develop problems during partner sex. One reason is that men typically feel the woman is rating their sexual performance, which causes anxiety. “Most golfers notice that they swing better on the driving range than they do on the first tee,” Sugrue explains. “Sex is similar. In masturbation, you’re entirely focused on your own pleasure, like a golfer on the driving range. That’s not the case in partner sex. Many men feel their partners are judging them, as other golfers might, so partner sex is more stressful. Masturbation also has a marvelous built-in sensory feedback system. You can make little adjustments instantaneously based on how you feel. You can’t do that in partner sex.”

Relationship issues may also contribute to partner-sex erection difficulties. “Even good relationships can suffer chronic annoyances and festering resentments,” Klein notes. “They can cause erection difficulties in partner sex that you don’t have during masturbation.”

If relationship problems contribute to erection impairment, it doesn’t necessarily mean your relationship is on the rocks. But Althof explains, “The

penis is attached to the heart. When considering the causes of an erection problem, look deeply into your feelings about your relationship.”

The penis may be attached to the heart, but the connection can be confusing. Sometimes your erection may go limp immediately after relationship trauma, for example, learning that your lover has been having an affair. Other times, erections are so sensitive to relationship stress that your penis realizes something is wrong before your head does. And sometimes erections seem impervious to chronic relationship stress. But then months after bickering has become the hallmark of your interactions—boom, ED.

Because ED’s relationship connection can be elusive, it’s a good idea to take a careful look at yours. Have you been fighting more lately? Have you become stuck on any issues? Do you still find your lover interesting? Attractive? Has anything changed in either of your lives during the past year that has driven a wedge between you? Have you recently become aware of traits in your lover that you find upsetting, disappointing, or maddening? Are you interested in anyone else, and considering breaking up? Are you afraid that she’s losing interest in you? All these issues—and others—might contribute to erection problems. You may be able to explore them on your own, but you might also need professional counseling. Sex therapists are trained in relationship counseling, and they specialize in issues that have sexual dimensions.

Other life stresses can also cause or contribute to erection impairment—everything from disasters such as job loss, a loved one’s death, or your house burning down, to chronic hassles like car trouble, or the neighbor’s dog barking at all hours.

## **GETTING OLDER**

Erection problems can develop at any age. But the research clearly shows that risk increases as men grow older. After age 50—often earlier—erections typically become balky even if you’re in a happy relationship, have not fallen victim to the erection myths, have no significant risk factors, and have no unusual stresses in your life.

With age, the nervous system becomes less robust. The sexy sights, talk, and touch that once produced a major bulge in your pants lose some of their power to arouse. With age, even if you don’t have cardiovascular disease, your arteries lose some of their elasticity. They don’t relax and open up as fully as they once did, so the pudendal arteries can’t carry as much blood into the penis. And with age, testosterone levels decline, possibly to a level low enough to affect sexuality (though low testosterone is more likely to deflate libido than erection).

This is not to argue that erections are doomed when you hit age 50, or 60, or 70. A healthy man can raise an erection at any age. But aging takes a toll. As I discussed in detail in [chapter 2](#), a healthy lifestyle delays the effects of aging.

## ACUTE ILLNESS

Don't expect your penis to stand up if you cannot. Any illness or injury—a cold, the flu, allergies, tennis elbow, low back pain, you name it—can decrease libido and impair erection. Decreased sexual interest is the body's way of directing its energy toward healing. Illnesses, particularly painful conditions, are also anxiety-provoking and distracting. They may prevent the relaxation, sensuality, and undivided attention necessary for great sex.

The body is not a machine that can be quickly fixed when it's broken, like a car that needs a brake job. It's a living organism, one that takes time to recover from illness. How much time? Usually much more than you'd expect. Musculoskeletal injuries can take months to heal. Viral illnesses, especially the flu, can leave you feeling lethargic and wasted for up to 10 days after you're back to normal activities. After injuries or illnesses or surgery, don't rush back into sex. If you do, your penis may rebel. Give yourself time to fully recover. During that period, there's no need to refrain from physical closeness with your lover. Massage and other forms of sensual play can feel like ends in themselves if you let them. But don't expect your penis to become erect until you're healthy again.

## THE BICYCLING CONNECTION

As early as the fourth century B.C., Hippocrates speculated that long-duration horseback riding might cause impotence. His observation was largely forgotten until reports began circulating of erection problems in healthy young men who had no risk factors—except extended bicycle riding.

Subsequent studies suggested an unusually high risk of erection problems in elite, long-distance bicycle racers. Danish researchers surveyed 800 bicycle racers. More than 300 of them (38 percent) reported difficulty raising erections for a few days after races.

The researchers involved in the Massachusetts Male Aging Study mentioned earlier in this chapter investigated cycling and erection dysfunction among the study's 1,709 participants. Riding less than 3 hours a week was not associated with erection difficulties. In fact, occasional or short-duration riding significantly reduced the risk of erection problems. However, bicycling more than 3 hours a week raised the risk 72 percent above average.

Why would cycling cause erection impairment? Straddling a narrow bicycle seat compresses nerves involved in erection and the pudendal arteries that supply blood to the penis. As a result, cyclists are at risk for numbness in the penis and decreased bloodflow into the organ. What's

worse, compression of the pudendal arteries can actually injure them over time, causing the development of deposits (plaques) that narrow them, limiting bloodflow. Elite cyclists have few plaques in their other arteries, but often have significant plaque formation in their pudendal arteries. Even recreational cyclists can develop localized plaques from a pudendal artery injury sustained from slipping off the pedals and falling onto bicycle crossbars.

If you ride less than 3 hours a week, you're unlikely to develop persistent numbness of the penis, localized plaques, or erection difficulties. But if you ride more than that, good bike fit can often help prevent problems. Consult your local bike shop for assistance and make sure that when you're seated on the saddle, your knees bend slightly when you downpedal. Also, consider switching to a saddle designed to support your weight on your buttocks, not your penis. Angle the nose of your seat down and your handlebars up to reduce pressure on vital nerves and arteries. And leave the saddle and stand about every 10 minutes or so.

## **CARDIOVASCULAR DISEASE (INCLUDING HIGH CHOLESTEROL AND HIGH BLOOD PRESSURE)**

Cardiovascular disease is a major risk factor for ED. As I described in [chapter 2](#), a healthy cardiovascular system—your heart and blood vessels—is necessary for good bloodflow into the penis. The clogged arteries that result from high blood pressure, high cholesterol, smoking, obesity, and diabetes limit this bloodflow and cause erection problems. University of South Carolina researchers studied 3,250 men aged 26 to 83 for 4 years to observe the relationship between their sexual functioning and cholesterol levels. As their cholesterol increased, so did their risk of ED. Compared with men whose cholesterol levels were 180 or less, those at 240 or more had almost twice the risk of ED.

Danish researchers studied 101 men with high blood pressure. The higher their pressure, the more likely they were to suffer ED. High blood pressure damages the arteries and interferes with bloodflow into the penis. Researchers in Saudi Arabia found similar results when they studied 388 men with ED. High blood pressure significantly raised their risk. So did lack of exercise, which is associated with high blood pressure.

## **SMOKING**

Smoking damages the blood vessels and accelerates arterial narrowing, limiting bloodflow into the penis. Researchers with the Centers for Disease Control and Prevention studied 4,462 Vietnam veterans, aged 31 to 49. The more they smoked, the more likely they were to experience ED. Compared with nonsmokers, those who smoked the most had double the risk of ED—and these were all fairly young men. In the Saudi study just mentioned, smoking also greatly increased risk of ED.

## **OBESITY**

Obesity means you're more than 20 percent heavier than the weight recommended for your height and build. It usually results from a high-fat, high-cholesterol diet and lack of exercise—both risk factors for ED. Obesity also raises blood pressure. An analysis of men in the Massachusetts Male Aging Study shows that as participants' weight increased, so did their risk of ED.

Other studies support these findings. Korean researchers evaluated 325 men with ED. As their weight increased, so did the severity of their ED. Other studies show that weight loss and exercise also protect against ED (see [chapter 2](#)).

## DIABETES

Diabetes damages both the cardiovascular and nervous systems. Men with diabetes are not condemned to ED, but the disease increases risk. Wisconsin researchers surveyed 365 diabetic men who had been diagnosed at least 10 years previously. Overall, 20 percent reported erection difficulties, with incidence rising from 1 percent in those aged 21 to 30, to 47 percent among those 43 or older.

North Carolina researchers surveyed 246 diabetic men and found that about one-third experienced erection impairment.

## NEUROLOGICAL DISORDERS

Multiple sclerosis, spinal cord injuries, and other neurological conditions can damage the nerves involved in erection.

## HORMONAL IMBALANCES

ED might result from an endocrine disorder. Hormones released into the bloodstream by several glands are crucial to sexual function and general well-being. The one that concerns most men is a low level of testosterone. If you're experiencing ED, ask your physician to order a testosterone blood test. But most men with ED have normal testosterone levels until late in life.

Some young athletes take androgenic anabolic steroids to bulk up. These hormones increase muscle mass, but often cause erection problems (see [chapter 2](#)).

## CONGENITAL ABNORMALITIES

The main one is hypospadias (high-poe-SPA-DE-ee-as). In men with this birth defect, the urethra opens on the underside of the penis, instead of dead-center on top of the head. Hypospadias is one of the most common male birth defects. It

affects one man in 200. In a mild case, the urethra opens a fraction of an inch below where it should. In more severe cases, it opens several inches down the shaft of the penis. Hypospadias is rarely discussed outside of urology journals. Hypospadias, *per se*, does not cause ED. But men who have it often suffer considerable anxiety over their “mutant” genitals, which may contribute to ED. In a related, rarer condition, epispadias, the urethra opens off-center on the topside of the penis. (For more on hypospadias and epispadias, see [chapter 11](#).)

## GENITAL AND URINARY TRACT CONDITIONS

Infections include: bladder infection, gonorrhea, chlamydia, nongonococcal urethritis, and prostatitis. None of these cause ED directly. However, some cause pelvic or genital pain, and others cause a discharge from the penis. Plus, the pain and anxiety of having a genital or urinary tract infection can contribute to ED.

Genital diseases include priapism and Peyronie’s disease. Priapism involves prolonged, painful erection unconnected with sexual arousal. Its cause is unknown, but it is associated with sickle-cell anemia, leukemia, some other cancers, and the supposed aphrodisiac Spanish fly. ED is common after priapism. Peyronie’s disease involves fibrous tissue growth in the penis that reduces the organ’s elasticity and may impair erection. Both diseases are rare.

## DEPRESSION

Everyone occasionally gets the blues. But when sadness persists for months without returning to gladness, that’s serious (“major” or “clinical”) depression. About one person in eight suffers depression at some point in life. In men, depression may cause the classic symptoms: deep melancholy, weepiness, and an inability to get out of bed. But it also might cause anxiety, angry outbursts, and alcohol or drug abuse. And it might impair both libido and erection.

To make matters worse, the most popular medications used to treat depression, the selective serotonin reuptake inhibitors (SSRIs), including Prozac, Paxil, Zoloft, Luvox, and Celexa, cause sexual side effects in about half of those who take them (see “Drugs,” opposite). About 10 percent of men taking SSRIs report ED.

To preserve your sexual function while taking an antidepressant:

**Take less.** Ask your doctor about the possibility of reducing your dose. You might find a dose that treats your depression without causing sexual side effects.

**Switch drugs.** Ask your physician if you might switch to Wellbutrin. This effective antidepressant may cause erection problems, but compared with the SSRIs, it carries a substantially lower risk.

**Try Viagra.** Ask your doctor about taking Viagra in addition to your antidepressant. University of New Mexico researchers worked with 76 men who complained of sex problems—libido loss, ED, trouble ejaculating—after taking SSRIs for an average of 2 years. They were given either a placebo or Viagra (50 or 100 milligrams, as needed). After 6 weeks, those who took Viagra reported significantly improved libidos, erections, ejaculation, and overall sexual satisfaction.

**Take a “drug holiday.”** Anthony Rothschild, M.D., a psychiatrist at McLean Hospital in Belmont, Massachusetts, studied 30 couples, each with one member taking an SSRI and reporting sexual side effects annoying enough to consider going off the medication. Rothschild advised them to go drug-free on weekends, from Thursday morning to Sunday at noon. Half reported better sexual functioning and more desire over the weekend, and only two said they felt more depressed. If you'd like to try a drug holiday, consult the physician who prescribed your medication.

## ALCOHOL

In *Macbeth*, Shakespeare wrote that the substance used worldwide to coax reluctant lovers into bed “provokes the desire, but takes away the performance.” How true. The first drink is “disinhibiting.” People are more likely to accept sexual invitations. But if people of average weight drink more than two beers, cocktails, or glasses of wine in an hour, alcohol becomes a powerful central nervous system depressant that interferes with erection. The more you drink, the more likely you are to experience ED.

## DRUGS

Some drugs impair erection directly, for example, narcotics, tranquilizers, sedatives, and many psychiatric medications collectively known as “downers.” They are all central nervous system depressants. Take them, and your penis stays down, too.

Other drugs have side effects that may cause ED. The key word here is “may.” If you take any of the drugs listed below, you're not necessarily fated to go limp. Sexual side effects are highly individual. If you believe you're experiencing erection-deflation from any medication you take, consult the physician who prescribed it. Perhaps another drug, one with a lower risk of sexual side effects, can be substituted. And be aware that if a label says, “may cause drowsiness,” as many antihistamine labels do, the drug may cause erection problems.

This list of erection-impairing medications has been adapted from a 1997

article in the *Journal of Family Practice* by authors who combed the medical literature for reports of drugs with sexual side effects. Drugs frequently associated with ED are starred (\*).

**Over-the-counter drugs:** Aleve (pain and inflammation), Benadryl (antihistamine; sleep aid), Dramamine (antihistamine; motion sickness); Naprosyn (pain and inflammation), Pepcid (stomach distress), Tagamet\* (stomach distress), Zantac (stomach distress).

**Narcotics:** Codeine, Darvocet, Darvon, Demerol, Dolopine\*, Methadone\*, Morphine\*, Oxycontin, Percodan, Percoset, Roxanol, Vicadin.

**Tranquilizers:** Anafranil\*, Atavan, Barbiturates, BuSpar, Librium, Mitran, Thorazine\*, Valium, Xanax.

**Sedatives:** Dalmane, Halcion, Phenobarbital\*, Restoril.

**Blood pressure medications (antihypertensives):** Adalat, Aldactone\*, Aldomet\*, Apresoline, Arfonad, Blocadren, Calan, Cardizem, Catapres, Demser, Dilacor, Esidrix\*, HydroDiuril\*, Hygroton\*, Hylorel\*, Inderal\*, Inversine, Ismelin\*, Isoptin, Loniten, Lopressor, Lotensin, Lozol, Midamor, Minipress, Normodyne\*, Oretic\*, Prinivil, Procardia, Propranolol, Regitine, Reserpine, Tenormin\*, Thalitone\*, Toprol, Trandate\*, Vasotec, Verelan, Visken, Wytensin\*, Zestril.

**Antidepressants:** Ascendin, Aventyl, Celexa, Effexor, Janimine\*, Ludomil, Luvox, Nardil, Norpramin, Pamelor, Parnate, Paxil, Pertofrane, Prozac, Tofranil\*, Vivactil, Wellbutrin, Zoloft.

**Antianxiety and psychiatric medications:** Anafranil, Compazine, Equanil, Eskalith\*, Haldol, Lithium\*, Lithonate\*, Mellaril\*, Miltown, Navane, Orap\*, Permitil\*, Prolixin\*, Serentil, Sulpitil\*, Supril\*, Thorazine.

**Seizure medications:** Atretol\*, Carbatrol, Diamox, Dilantin\*, Epitol, Mysoline\*, Primidone\*, Tegretol\*.

**Other prescription drugs:** Akineton (Parkinsonism), Amen (female sex hormone), Anaprox (pain and inflammation), Antabuse (alcoholism), Antivert (nausea and vertigo), Anxanil (antihistamine), Artane (Parkinsonism), Atarax (antihistamine), Atromid\* (lowers cholesterol), Atropine (various uses), Axid (ulcer), Azulfidine (ulcerative colitis, Crohn's disease, and rheumatoid arthritis), Banflex (muscle relaxant), Bentyl (irritable bowel syndrome), Bonine (nausea and vertigo), Cogentin (Parkinsonism), Compazine (nausea and vertigo), Cordarone (cardiac arrhythmia), Cycrin (female sex hormone), Daranide\* (glaucoma), Diamox\* (glaucoma and seizure), Digitek (congestive heart failure), Digoxin (congestive heart failure), Di-Spaz (irritable bowel syndrome), Ditropan (bladder leakage), Fastin (obesity), Flexon (muscle relaxant), Furoxone (protozoal dysentery), Inapsine (anesthetic), Indocin (pain and inflammation),

Interferon (immune stimulant), Kemadrin (Parkinsonism), Ketoconazole (fungal infections), Klonopin (seizures), Lanoxin\* (congestive heart failure), Lioresal (muscle relaxant), Lopid (lowers cholesterol), Matulane (Hodgkin's disease), Methadone (heroin addiction), Methotrexate (rheumatoid arthritis and cancer chemotherapy), Mexitil (cardiac arrhythmia), Mintezol\* (parasitic infection), Naprosyn (pain and inflammation), Neptazane\* (glaucoma), Niacor (fungal infection), Nizoral\* (fungal infection—oral, not the cream), Norflex (muscle relaxant), Norpace (cardiac arrhythmia), Parlodel (Parkinsonism), Phenobarbital (sedative), Prilosec (ulcers), Pro-Banthine (gastrointestinal spasms), Provera (female sex hormone), Quarzan (ulcers), Reglan (nausea, vertigo, and heartburn), Sansert (migraine headache), Transderm-Scop (motion sickness), Trecator (tuberculosis), Vistaril (antihistamine).

**Recreational and illegal drugs:** Amyl nitrate, amphetamines, cocaine, heroin, MDMA (Ecstasy).

While this list contains the drugs most frequently associated with erection impairment, other drugs may also cause it. In addition, if you take two or more medications at the same time, their interactions in the body might also contribute to ED. If you develop erection difficulties shortly after starting any medication, it's likely the drug has something to do with your situation. Consult the prescribing physician.

## PROSTATE CANCER TREATMENT

Male sex hormones spur the growth of prostate tumors. To minimize this, some prostate cancers are treated with female sex hormones. As a man's sex-hormone balance tilts more toward the female, his erections may suffer. Another common treatment for prostate cancer is removal of the gland (radical prostatectomy). Unfortunately, the operation often damages the nerves involved in erection. Researchers at the Fred Hutchinson Cancer Research Center in Seattle followed 1,291 men who had radical prostatectomies. Eighteen months later, 60 percent of them had severe ED. Some surgeons suggest "nerve-sparing" prostatectomy for erection preservation. In this study, it helped—but not much. Among those receiving standard prostatectomy, 66 percent wound up with ED. In men who had nerve-sparing surgery, the figure was 56 percent.

Surgery for benign prostate enlargement may, on occasion, contribute to ED. But a recent British study suggests that this is rare, and that the operation for benign enlargement (transurethral resection of the prostate, or TURP) is more likely to improve erection than harm it.

# HOW TO VISIT A DOCTOR FOR AN ERECTION PROBLEM

Before Viagra, some physicians were reluctant to deal with erection problems. No longer. The new openness about ED, plus demand for Viagra, has spurred doctors to take erection impairment seriously. It's a good idea to begin investigating any erection problem by having a check-up. Review the potential physical causes of ED, then use the following guide to obtain a thorough exam.

**Describe your situation in detail.** How long have you had the problem? When did it begin? How? Did it develop suddenly or gradually? Has it ever improved or suddenly worsened? Under what circumstances? What was happening in your life around the time the problem began? What was happening during the year before it began? Can you raise an erection during masturbation? Do you wake with morning erections? Are you happy with your relationship? If not, why not? What has happened in your relationship because of the problem? Have you withdrawn from sex? Has your partner?

**Review your medical history.** Relevant items include: your age, weight, cholesterol level, blood pressure, smoking, drinking, over-the-counter and prescription drug use (see [here](#)), recreational drug use, any recent acute illnesses, and any history of depression, anxiety, heart disease, stroke, diabetes, prostate surgery, pelvic injury, hormonal problems, multiple sclerosis, sickle-cell anemia, spinal cord injury, priapism, Peyronie's disease, or exposure to toxic chemicals.

**Review your psychological history.** This includes any symptoms of anxiety, depression, phobias, panic attacks, or a fundamentalist religious background in which sex was considered taboo. Bear in mind that drugs used to treat anxiety and depression may have erection-impairing side effects.

**Drugs.** Jot down all the medications you take, both over-the-counter and prescription. Take the list with you. Also, honestly declare how much alcohol you drink and any recreational drugs you use.

**Get tested.** Tests should include:

- Blood pressure. High readings are associated with ED.
- Cholesterol. High levels increase risk of ED.
- Testosterone. Abnormally low levels usually suggest libido loss, but also contribute to erection problems.
- Glucose tolerance. This tests for diabetes, which increases your risk of ED.
- Thyroid function. Low levels of thyroid hormone are linked to ED.

- LH and Prolactin. Low levels of these pituitary hormones may cause ED.
- PSA. The screening test for prostate cancer.
- Nocturnal Penile Tumescence. This test involves attaching a strain gauge to the penis to see if you have erections while you sleep. The absence of nighttime erections strongly suggests that physical factors are causing the problem.

While physicians are well-equipped to evaluate the physical causes of erection impairment, they may not be the best professionals to evaluate the extent to which the problem results from the very real issues of sexual mythology, relationship problems, emotional stress, or nonsensual lovemaking. To explore these issues, consult a sex therapist. (See [chapter 15](#).)

Regardless of its cause, erection impairment has a major impact on men's lives. The University of Chicago survey asked men with and without ED if they felt happy or unhappy. Those with ED were four times more likely to say they were unhappy. "For many men," Sugrue says, "the ability to raise an erection is the very essence of manhood. As a result, many men consider an erection problem much more than just a sex problem. Many men with ED consider themselves complete failures as men. That can cause tremendous anguish."

## THE MANY TREATMENTS FOR ERECTION DISSATISFACTION AND ED

These days, if you experience any erection difficulty, from minor (occasional erection dissatisfaction) to persistent ED, you might be tempted to ask your doctor for Viagra. It usually helps, but it's often unnecessary.

The following section presents a step-by-step approach to erection restoration. Viagra and other erection medications are the final step. But don't skip the others. They're good for your overall health. And they can enhance your relationship as well as restore lost or faltering erections.

### SIX SECRETS TO MORE SATISFYING ERECTIONS

1. **Lead a healthy lifestyle.** This means, if you smoke, quit. Get regular, moderate exercise. Eat a lower-fat, lower-cholesterol diet, with less fast and junk food and more fruits and vegetables. Control your weight. Limit alcohol. Steer clear of recreational stimulants and depressants. Incorporate a stress-

management program into your life. And sleep at least 7 hours a night. (For more on a sex-enhancing lifestyle, see [chapter 2](#).)

**2. Identify, then manage, your stressors.** Perhaps you've taken a "stress test" published in some magazine. The trouble is, most of these self-assessment quizzes are so simplistic they're useless. For a more usable and relevant analysis of what's stressing you out, click on [www.essisystems.com](http://www.essisystems.com). For less than \$20 you can order an excellent, comprehensive self-assessment tool called Stressmap. For more information, see the Resources section at the back of the book.

The test provides an at-a-glance picture of your stress situation neatly arranged to reveal your problems and strengths. A mental health professional can also help identify your life stresses. One of the best stress relievers is deep relaxation (review the discussion in [chapter 1](#)). Other proven stress relievers include: exercising, meditating, getting a massage, laughing, taking hot baths, gardening, having a pet, visualizing relaxing scenes, and spending quality time with friends, family, or a lover. Incorporate one—or more—into your daily life. Ideally, combine them: Exercise with friends. Bathe with your lover.

**3. Reestablish intimacy.** Men are brought up to take care of themselves, not to turn to others for help and support. As a result, when faced with ED, many men withdraw into a cocoon of silence, sometimes punctuated by angry outbursts. Or they blame the women in their lives for "not being sexy enough." Over time, men's silence and tantrums eat away at relationship intimacy—especially because women often blame themselves for men's erection problems, fearing that they are no longer attractive, or that the man is having an affair or is about to leave them.

Intimacy involves opening yourself up emotionally. If you clam up about what's bothering you, the intimacy in your relationship evaporates. Silence about erection problems only makes things worse. It contributes to anxiety and depression, which aggravate ED. It often leads both men and women to withdraw from sex. It drives a wedge between you and your lover, which interferes with your ability to work on the problem together.

Don't withdraw into silence. Talk about your situation. Tell her how you feel. It may be difficult, but you don't have to be the world's most articulate man to get your point across. Discuss how you feel to the extent that you can. "Sometimes," Alperstein says, "all a man can say is: 'I feel bad about my erection situation and don't know what to do about it.' That's a good start." Don't simply dismiss the problem by saying: "I'm tired. I'm overworked."

Maybe so, but that's rarely the end of the story. If fatigue and overwork are factors, what can you do about them? If you're in a basically happy relationship, reassure your lover that it's not her fault and that you're not about to leave her. Ask how she feels about your situation. Is she thinking of leaving you because of it? Chances are she's committed to you and as concerned about the problem as you are—for your sake. If your relationship has problems, discuss them. It's possible that they play a role in your erection problem. If you have trouble saying what you mean, or if relationship issues make discussion difficult, a sex therapist can help.

Reestablishing intimacy also requires you to remain an active participant in your relationship and your sex life. Social connections, especially enjoyable activities with the woman you love, are relaxing, and help produce erection. “Continue to invest time and energy in your relationship,” Weston advises. “Have fun together. Make dates. Go out. Enjoy each other’s company.”

The amount of time you actually have an erection represents only a small fraction of the time you spend with your lover. And you don’t even need an erection to give her pleasure. It’s worth repeating: Fewer than half of women express orgasm during vaginal intercourse even if the guy is the Rock of Gibraltar. Most need direct clitoral stimulation. “Try your fingers, tongue, or a sex toy,” Sugrue suggests.

You may feel strange making love without an erection. You might think: My penis is dead. What’s the point? But your penis is not dead. It’s just taking a little vacation. Withdrawal from sex won’t help the situation, but sensual closeness just might. Not to mention that your lover may need reassurance that you still love her, find her attractive, and want to make love with her.

Another great way to reestablish intimacy is with the couple’s game *An Enchanting Evening*, developed by Barbara and Michael Jonas of Scottsdale, Arizona (see [here](#)).

## THE SENSUAL, NONINTERCOURSE SOLUTION

Here’s a standard sex-therapy treatment for erection impairment that you can do without the guidance of a trained professional. Go ahead and have sex. The only catch is that you take a break from intercourse—even if you have an erection. “I usually ask couples dealing with erection problems not to have intercourse for 8 weeks,” Klein says. “It takes the pressure off the man to have an erection, so it’s a good break from performance anxiety. Assuming the man is sexually skilled with his hands and tongue, it shows him that he can get his partner very turned on and satisfy her without an erection. And it allows him to experience all the ways he can enjoy sex

without an erection."

After a few weeks of making love without intercourse, you likely will raise an erection. "I tell men to welcome those erections, and then 'waste' them, not use them for intercourse," Klein says. "That changes how the man feels about his erections. When couples come in for treatment of ED, erection is a scarce resource. But when the couple 'wastes' a few erections, the man's feelings usually change. All of a sudden, his erections aren't scarce anymore. In fact, they're so abundant that he doesn't even need to take advantage of them every time they appear." Review the discussion of whole-body sensuality in [chapter 1](#). Make dates for sensual exploration. Try some new sensual enhancements: showering together, music, candlelight, bedroom snacks, sex toys, a romantic getaway—whatever you like. Just don't have intercourse for a while. Explore all the ways you can give and receive pleasure without an erection. When your erections return, continue to emphasize total-body sensuality over genital sexuality. Your penis needs sensuality to become erect and stay that way.

**4. Get your needs met.** I don't mean for you to demand she drop to her knees and service you whenever you want, or do anything she truly dislikes. Pleasing yourself simply means recognizing that you have requirements for the kind of arousal that raises an erection and maintains it. It's okay to have conditions. It's okay to tell your lover about them. When thinking about the conditions you need to enjoy sex, ask yourself these questions:

*Do you really want to make love?* This question gets to the idea of whether you simply want to "score" or whether you want to have great sex. Men tend to initiate sex more often than women, making sex something they pursue. The "chase" becomes a game, and winning means getting her into bed. But some men become so caught up in the pursuit that they ignore their own feelings. If you don't find the woman sexually attractive, why bother? Why jump into bed if you think she's annoying? Or if your team is in the playoffs and you'd rather watch the game? Or if you're just not in the mood? It's okay not to want to bed every woman with a pulse. It's also okay to decline sexual invitations. If you have sex when you don't want to with a woman who doesn't do much for you, your penis may not like the "working conditions" and decide to go "on strike."

*Do your fantasies turn you on?* As discussed in [chapter 3](#), great sex depends on a combination of friction and fantasy. Have you come up with any hot new fantasies lately? Or are you still imagining the same tired, old scenes? "After a while, fantasies get stale," Klein explains. "Use your imagination."

*Does she take enough initiative?* In great sex, lovers give and receive pleasure. Some women feel too inhibited to do much initiating. If she's passive, then you have to do all the work. That's not fair—and it's often erection deflating, especially as men grow older. It's okay to be a little selfish, to spend some time just lying back receiving pleasure. If your lover does not take enough initiative, ask her to. You might do this verbally: "Let's take turns giving each other back rubs." Or you might take the less direct—but often

preferable—approach of praising anything she does that involves taking initiative or that you particularly enjoy. Many women are unsure of their erotic skills and find praise reassuring. It also enhances intimacy and contributes to women’s sexual self-confidence, which helps them become more sexually assertive.

*Are you getting the amount of stimulation you need?* As the years pass, most men need increasing amounts of direct penis stroking to raise and maintain erections. As discussed in [chapter 1](#), one key to great sex is whole-body sensuality, as opposed to a preoccupation with the genitals. But embracing whole-body sensuality doesn’t mean you should downplay your need to have your penis fondled—perhaps quite a bit—to have reliable erections. If you want to be stroked early in lovemaking, or if you want more penile stimulation, ask for it. Just don’t expect her to caress your penis every moment you’re in bed together—whole-body sensuality is still important.

*Are you getting the kind of stimulation you need?* Perhaps you like a tight grip on your penis, but she’s partial to providing feathery, fingertip touch. Or maybe you love having your scrotum cupped in her hand, and you think she doesn’t do that enough. Ask for the kind of stimulation you need. Or show her. One of my most remarkable experiences as a sex counselor involved a guy in his late twenties whose erections started faltering about a year into a relationship with a woman he swore he adored. I asked about his sexual tastes, and he explained that what he liked best was fellatio—but that his lover didn’t provide it. After I asked a few more questions, he revealed that all his previous girlfriends had done it without being asked.

So, I made the obvious suggestion: “Ask her,” I said.

He insisted he couldn’t, so I suggested he start right then and there with a rehearsal of sorts—I told him to ask me for what he wanted, and I would say it back to him. We exchanged the words several times and before he left, I told him to say it aloud (but to himself) several times a day. Finally, the next time he was in bed with his girlfriend, I suggested he say the words to her. He seemed dubious, but said he’d try. A few days later, he called to tell me he’d asked, and she was happy to oblige. His problem disappeared.

“Think about what turns you on and—especially—off,” Weston suggests. “If a sexual experience involves several items from your personal turn-off list, it’s reasonable to expect erection difficulties. Work to create a sexual context that turns you on.”

5. **Do Kegel exercises.** In addition to enhancing the pleasure of orgasm, preliminary studies suggest that Kegel exercises help men with erection

problems. Researchers at the University of Milan in Italy discovered that men with ED tend to have unusually weak pelvic floor muscles. In a later study, Belgian researchers trained men with erectile dysfunction in Kegel exercises. Forty-two percent reported improvement.

Here's a short course on Kegels. First identify your pubococcygeus (PC) muscle. It's the one you contract to stop urinating, or to squeeze out the last few drops. For slow Kegels, contract your PC and hold it for a slow count of three, then relax. For quick Kegels, contract and release your PC as rapidly as you can, then relax. Begin by doing five slow contractions and five quick ones three times a day. Each week, increase the number of contractions you do by five. Your goal is to do 50 slow and 50 fast three times a day, for a total of 300 contractions a day. Don't increase the number of contractions more quickly than recommended, or you may suffer groin soreness.

6. **Try sex therapy.** If do-it-yourself approaches don't restore your erections, sex therapy usually works. Studies show that sex therapy helps revive lost or faltering erections in about 70 percent of cases.

Sex therapy for ED typically involves much of what I've encouraged you to try on your own, but with personal coaching focused on your specific situation and relationship. It includes:

- Reducing your anxiety about sex.
- Correcting any destructive erection myths you might believe.
- Assessing your stressors and working to minimize them.
- Helping you and your lover to work out any relationship issues.
- Helping you both to improve your sexual negotiation skills.
- Encouraging a more sensual approach to lovemaking, including homework exercises focused on whole-body massage—often with intercourse temporarily prohibited.
- Encouraging you to be forthright about your sexual preconditions and the amount and kind of stimulation you need.

Sex therapy can produce dramatic relief from ED fairly quickly, even for severe ED. Recently, Australian sex therapists published a study involving 32 men with persistent, moderate-to-severe ED—defined as impairment during 75 to 100 percent of sexual experiences. After just 10 sex therapy sessions, 16 of them (50 percent) regained their erections. For more on sex therapy, see [chapter](#)

15.

## VIAGRA: EVERYTHING YOU NEED TO KNOW

Thanks to Viagra, ED isn't a big secret anymore. But what do you really know about the little blue pill? Here are the basics.

**How it works.** Recall that sexual arousal stimulates release of nitric oxide in the penis, which triggers production of cGMP, which in turn, relaxes the organ's smooth muscle tissue and lets extra blood flow into the penis's spongy erectile tissues. Viagra (sildenafil) enhances this smooth muscle relaxation, spurring greater bloodflow into the penis. Viagra comes in 50-milligram pills. The typical dose is 50 to 100 milligrams—one or two pills.

### Its benefits:

1. It's a pill, and Americans love pills.
2. It doesn't interrupt the flow of sex because you take it 1 to 3 hours before lovemaking.
3. It helps men with ED caused by both physical illness and stress/anxiety problems. Most studies show that it produces erections in 75 percent of cases, with even greater effectiveness among men with only mild or occasional problems.
4. It requires normal sexual stimulation. You don't have to walk around with an embarrassing bulge in your pants that signals you've taken a drug.
5. It's safe for most men. Its only significant side effects are headache (16 percent of users), flushing (10 percent), upset stomach (7 percent), nasal congestion (4 percent), and rarely, visual disturbances, mostly in men with chronic eye conditions such as macular degeneration. Side effects are more likely with a 100-milligram dose.
6. It's affordable. The 50-milligram dose most men take costs about \$10, a small price to pay for an amorous evening free from erection worries.

## ERECTION INSURANCE

**V**iagra was approved for persistent ED, but once a drug is approved for any reason, doctors are free to prescribe it for other, so-called “off label” uses. Viagra’s main off-label use is as “erection insurance” for men with occasionally balky erections who don’t want to worry about them. If you use Viagra for erection insurance, you might not need 50 milligrams. Try cutting the pills in half. Twenty-five milligrams is often sufficient.

If you have iffy erections or feel anxious about getting it up, should you use Viagra for erection insurance? That’s up to you. If you’re over 40 and you ask for a prescription, most physicians are willing to oblige. Many are happy to prescribe it for younger men. The real issue is what you do with your more reliable erections once you have them. If you use Viagra to imitate pornography—mechanical, all-genital sex with a headlong rush into intercourse—the drug may not work because porn-style sex is often stressful enough to overwhelm Viagra’s benefits. In addition, your lover may experience “Viagravation” (see below). But if Viagra allows you to relax about your erections and focus on whole-body sensuality, then it can enhance lovemaking.

## VIAGRA-VATION

### WHAT REGAINING YOUR ERECTIONS MEANS FOR YOUR RELATIONSHIP

**H**uman beings are well-equipped to adapt to less-than-ideal situations. And indeed, many couples adapt to erection problems—especially those couples who feel uncomfortable with intimacy. “Lack of erection means they don’t have to deal with their intimacy issues and have an excuse to avoid sex,” Weston explains. “But when men regain lost erections, the sexual equilibrium in the relationship changes. Erection restoration solves one problem, but may cause others.”

“In all my years of treating ED,” says Klein, “I’ve seen very few pure erection problems. But I’ve seen lots of ED accompanied by anxiety, guilt, shame, anger, violence, alcoholism, religious beliefs, and relationship problems. By itself, Viagra can’t resolve these other problems, which often play an important role in the erection trouble.”

To understand why this might cause aggravation for a couple, let’s start by looking at the difference between the way men and women view ED and its consequences. Men tend to consider erection impairment a mechanical problem, with Viagra the quick fix. Women generally see ED as an emotional issue, and want to work on the couple’s intimacy—or lack of it—before they feel comfortable returning to intercourse.

Once the possibility of having intercourse returns, couples face any number of challenges—and may not agree on how to deal with them. For example, if a couple hasn’t been physically affectionate together in a while, they may feel tentative approaching each other for sex. If one or both previously didn’t enjoy sex, now neither has an excuse to avoid it. One partner might harbor unexpressed resentments about the ED or about the other’s withdrawal from intimacy. A woman might have taken comfort in the man’s ED—figuring he couldn’t be unfaithful to her—but now feels vulnerable and scared he’ll cheat. Likewise, a man might feel he is now free to leave his partner and seek another relationship. “By themselves,” says Marian Dunn, Ph.D., director of the Center for Human Sexuality at the State University of New York Health Science Center in Brooklyn,

"Viagra and other similar treatments often are not enough to help couples reactivate their sex lives."

In addition, Alperstein says, if the woman has become menopausal during the time when the man experienced ED, she may have less sexual desire, be less able to produce vaginal lubrication, and have experienced vaginal atrophy from lack of regular intercourse.

Couples returning to sex after ED should proceed slowly. "Don't rush intercourse," Althof advises. Instead, work up to it by having nonsexual fun together for a while. Go out on dates. Flirt. Share affectionate touches, nicknames, or routines. Treat your relationship as new because in some ways, it is. Even with restored erections, you can't have good sex without feeling emotionally close and trusting.

If anger, resentments, emotional withdrawal, or other issues have diminished the intimacy in your relationship, consider couples counseling or sex therapy. "Sometimes, Viagra works fine by itself and sex therapy is not necessary," Sugrue explains. "But if the man's ED is associated with relationship problems, or if relationship problems appear after Viagra restores his erections, then I recommend a combination of the drug and sex therapy."

**Its limitations.** Viagra doesn't work in about 25 percent of cases. As the severity of ED increases, its effectiveness decreases. For example, it works well in most men with diabetic ED, but less well in diabetics with considerable cardiovascular and neurological damage. Even in men with mild erection balkiness, Viagra may not work in some situations—such as if you feel particularly stressed, distracted, or alienated from the sexual experience.

The latest studies suggest that some men need to increase their dose over time. University of Alabama researchers tracked 150 men who took Viagra regularly for 2 years or more. During that period one-third of them had to increase their dose from 50 to 100 milligrams.

For men who respond poorly to Viagra, it may help to combine it with the over-the-counter supplement ArginMax (see [here](#)). Researchers at University of California, Davis, worked with men with ED who did not benefit much from Viagra. The men took Viagra plus either ArginMax or a placebo. After 4 weeks, erections improved significantly in 22 percent of those taking the placebo, but among men using ArginMax, the figure was 60 percent.

**When you shouldn't take it.** Some men should never use Viagra—those taking nitrate medication for heart disease, notably nitroglycerine for angina, or the party drug amyl nitrate ("poppers"). The combination of Viagra and nitrate drugs can cause a drastic drop in blood pressure—and possibly death. Before this problem was identified, the combination of Viagra and nitrate medication killed more than 500 men. If you take any nitrate drug, don't use Viagra.

In addition, Viagra is associated with a slightly increased risk of heart attack and stroke. It slightly increases the tendency for blood to clot. Internal blood clots trigger heart attack and most strokes. Men with histories of heart attack and stroke should consult their doctors before using Viagra, and consider taking an anticoagulant, like aspirin, to reduce their risk of internal clots.

As this book went to press, a second erection medication was approved, Levitra (vardenafil). Another one, Cialis (tadalafil), already approved in Europe, is in the final stages of approval in the United States. Both Levitra and Cialis work the same way as Viagra, but they last longer. Viagra's effects last for a few hours, while Levitra and Cialis facilitate erection for about 24 hours, and in some men, up to 36.

## OTHER TREATMENTS FOR ED

**Yohimbine.** For centuries, the bark of the West African yohimbe tree was reputed to restore faltering erections. Scientists scoffed—until the 1980s, when several studies showed that a chemical in the bark, yohimbine, increased bloodflow into the penis. More than 10 years before Viagra, the Food and Drug Administration approved yohimbine as a prescription treatment for erection problems. The herbal extract is available in the products Ahprodyne, Yocon, and Yohimex.

Yohimbine is controversial. Some studies show that it produces no benefit. However, two analyses—a 1996 review of 16 studies at Syracuse University and a 1998 British analysis of 7 studies—both showed that yohimbine is an effective treatment for ED. The British group called it “a reasonable therapeutic option.”

If you'd like to try a yohimbine-based drug, ask your doctor for a prescription. Several yohimbine products are sold over the counter as supplements, but a 1995 FDA analysis showed that many contain not nearly enough to help with erection. Possible side effects include: increased heart rate and blood pressure, fluid retention, nervousness, irritability, headache, dizziness, tremor, and flushing.

**Vacuum constriction devices.** These devices create a vacuum around the penis that draws blood into the organ, resulting in temporary erection. Models differ, but all include a plastic tube that fits over the penis, fitted with a pump typically operated by a hand bulb. You squeeze the bulb, which sucks air from the tube, drawing blood into your penis. Once you have an erection, you slip a rubber ring similar to a rubber band over it to compress the veins that drain blood from the penis. This helps to maintain the erection.

Most studies of VCDs report 60 to 80 percent effectiveness. Researchers at the University of Texas, San Antonio, provided devices to 216 men with ED. Seventy percent used them, and of those, 85 percent said that they and their partners were satisfied with them. The American Urological Association (AUA) endorses them, saying they result in a “high probability of return to intercourse.”

The downside is that these devices produce only temporary, short-lived

erections. They also may cause a temporary bluish discoloration of penile skin, and possibly a feeling of coolness that some men find uncomfortable. Some couples don't like the way these contraptions interrupt their lovemaking. You can minimize the distraction if you integrate the device into sex, with the woman helping the man use it.

VCDs are available over the counter and by prescription. The over-the-counter models, "penis pumps," are sold as sex toys by most sexual-enhancement retailers. They are less expensive than prescription models, but may not provide a sufficient enough seal between the device and the base of the penis to create an effective vacuum. The AUA advocates using a prescription model. They cost more (your health insurance may cover it), but they provide a better fit and seal.

**Cock rings.** Vacuum constriction devices include a rubber ring that fits over the erection to compress the veins that carry blood out of the penis. Sex toys known as "cock rings" work by the same principle. The arteries that carry blood into the penis run through the center of the organ, so cock rings don't keep blood out. But some of the veins that carry blood out of the penis are close to the organ's outer skin. As the penis expands during erection, these veins become somewhat compressed, which restricts outflow. Cock rings reduce the outflow a bit more, resulting in greater blood buildup in the penis, and a slightly firmer erection.

Cock rings also have a psychological effect. If a man believes that a cock ring helps his erection, he's likely to feel reassured and become more relaxed, which helps raise and maintain erection.

I've seen no medical reports of cock rings damaging the penis when used as directed. However, bruising is possible if the ring is too tight. If you're concerned, use an adjustable ring.

**L-arginine.** L-arginine is an amino acid and the chemical precursor of nitric oxide, a compound crucial to erection. Studies show that L-arginine supplementation increases levels of nitric oxide in the penis. New York University researchers gave 15 men with ED either L-arginine or a placebo for 2 weeks. None of the placebo group improved, but 40 percent of those taking L-arginine did. Israeli researchers worked with 50 men with ED, all of whom had low levels of nitric oxide. The men took either L-arginine or a placebo. About a third of those taking the L-arginine reported benefit. While interesting, these benefits are within the realm that might be expected of a placebo. Still, L-arginine is safe and available over-the-counter at health food stores and supplement shops.

**Ginkgo.** This medicinal herb improves bloodflow around the body, notably through the brain, where it helps slow the progression of Alzheimer's disease. It

also appears to spur bloodflow into the penis. In one study, 60 men with ED caused by cardiovascular problems were given ginkgo (60 milligrams/day). After 1 year, half regained their erections.

Ginkgo also has been shown to help prevent ED and other sex problems caused by antidepressants. At the University of California, San Francisco, researchers gave ginkgo extract (an average of 209 milligrams/day) to 63 people suffering sex problems as a result of taking antidepressants. The herb helped 76 percent of the men, including quite a few who had erection problems. The men also reported more sexual desire, an improved ability to raise erections, and generally more pleasurable sex.

Ginkgo is available over-the-counter at health food stores and supplement shops. It's safe for most men. However, ginkgo is an anticoagulant. If you take anticoagulant medication or use other anticoagulants frequently—aspirin, garlic, ginseng, vitamin E—you may experience bruising or bleeding problems. Consult your physician.

**Ginseng.** For centuries, Asians have considered ginseng a sex enhancer. Korean researchers gave 90 ED sufferers one of three treatments: a placebo, an antidepressant, or ginseng. The placebo and antidepressant groups both showed 30 percent improvement in erection firmness. The ginseng group improved 60 percent. Another group of Korean researchers performed a similar study with 45 ED sufferers. Compared with those taking a placebo, the ginseng group (900 milligrams three times a day) experienced significant erection improvement. Ginseng is safe for most men. Many preparations are sold at health food stores and supplement shops. Follow the package directions for dosage.

Ginseng has anticoagulant action. If you take anticoagulant medication or use other anticoagulants frequently—aspirin, garlic, ginkgo, vitamin E—you may experience bruising or bleeding problems. Consult your physician. Herbalists advise that ginseng must be used regularly for several months before its benefits become noticeable.

**ArginMax.** ArginMax for Men is an over-the-counter supplement that contains vitamins and minerals found in many one-a-day supplements—plus ginkgo, ginseng, and L-arginine.

University of Hawaii researchers gave either a placebo or the dose specified on the ArginMax label to 52 men with ED. A month later, 24 percent of the placebo group reported improvement. In the ArginMax group, the figure was 84 percent. ArginMax caused no significant side effects, except increased bruising because two of its ingredients—ginkgo and ginseng—are anticoagulants. ArginMax is available at health food stores and supplement shops.

**Hypnosis and acupuncture.** Scandinavian researchers divided 60 men with

stress-related ED into four groups. One received acupuncture twice a week for 6 weeks. Another received sham acupuncture on the same schedule. The third was hypnotized—three sessions for the first week then one a month for 2 months. The fourth was given a placebo. The placebo and sham acupuncture improved erections in about 45 percent of users. Acupuncture helped 60 percent; hypnosis, which is very relaxing, helped 75 percent. Acupuncture and hypnotherapy are both deeply relaxing, so it makes sense that they would help treat stress-related ED.

**Alprostadil.** Like Viagra, the drug alprostadil relaxes the penis's smooth muscle tissue and allows extra blood into the organ. The drug can be administered in two ways, by injection or by inserting a tiny pellet into the urethra. The insertion system involves an applicator that pushes the pellet about an inch into the urethra. Half the men who use the insertion system raise erections within 10 minutes and they typically last 30 to 60 minutes, varying from semifirm to firm. Beyond squeamishness about inserting the pellet, the main potential side effect is pain due to pellet insertion.

Injected alprostadil produces an erection within a few minutes. It usually takes a while for men to become comfortable with self-injection in the penis, and the dose must be carefully regulated, otherwise prolonged painful erection (priapism) may occur, which requires prompt medical treatment. Since the arrival of Viagra, alprostadil has become less popular. But Viagra does not help men whose ED is caused by neurological problems, such as nerve damage from prostatectomy for prostate cancer. For men with neurological ED, alprostadil is still a valuable option. If you're interested, consult a urologist.

**Testosterone.** Testosterone has more effect on libido than erection. But men with levels low enough to impair libido usually have erection problems as well. At Northwestern University, researchers reviewed 73 testosterone-supplementation studies from 1966 to 1998. In addition to restoring lost libido, testosterone replacement restored erection in about half of the cases. Testosterone benefits only those men who have abnormally low levels. Men in the normal range receive no additional libido or erection boost from supplementation. Testosterone may also accelerate the growth of prostate cancer, so supplementation should be limited to men with abnormally low levels.

**Implants.** If other treatments don't provide sufficient benefit and you really want an erection, implants are the treatment of last resort. Implants don't interfere with urination, ejaculation, or orgasm. But they involve major surgery along with the risk of complications.

Two types are available: flexible rods and hydraulically inflated cylinders. Flexible rods are the simpler option. The surgeon inserts a rod into the penile

shaft in place of erectile tissue. Afterward, you have a permanent erection. You bend the rod down so it's inconspicuous most of the time, and bend it up for sex. A flexible rod is less likely than a hydraulic implant to malfunction or cause complications. However, the surgery may cause scarring, and a flexible rod can be embarrassing if you wear tight clothing or undress in a locker room.

Hydraulic implants involve a set of nested cylinders inserted into the penile shaft, a reservoir of salt water usually implanted in the lower abdomen, and a squeeze bulb hand pump usually inserted into the scrotum. In nonsexual settings, the penis looks normally flaccid, except for the possibility of surgical scarring. For sex, you squeeze the bulb, and fluid flows from the reservoir into the cylinders, which inflate and extend like the hydraulic lift in an auto shop, producing erection. After ejaculation, you hit a release valve. The fluid returns to the reservoir and your erection deflates. Some men have no complaints about hydraulic implants. However, they may malfunction, requiring corrective surgery.

If you're interested in an implant, consult a urologist.

## LAST AS LONG AS YOU WANT

### PRINCIPLES OF SUPERB EJACULATORY CONTROL

When I was in my early twenties, I was faster than a speeding bullet—but I was no sexual Superman. My girlfriend, Anne, and I would start to make love, but almost as soon as I entered her, bang, I'd come. I felt miserable. I was convinced that my lack of ejaculatory control meant my entire life was out of control.

Anne had mixed feelings. She never climaxed by the time I did, but I continued to caress her with my hand and tongue until she did, so my problem didn't leave her unsatisfied. Still, we both preferred more extended intercourse. Anne reassured me that my problem was no big deal, but to me, it was. I felt like a sexual failure.

I didn't know it at the time, but my reaction was typical. When a man experiences persistent rapid, uncontrolled ejaculation, he often feels "shame, dread, humiliation, and inadequacy," according to Harvard psychiatrist and sex therapist Derek Polonsky, M.D. Sex turns into an ordeal rather than a pleasurable give and take. Its quick conclusion seems preordained, Polonsky adds.

At the time I worked at a medical clinic. In its library, I stumbled on a description of the program sex researchers William Masters, M.D., and Virginia Johnson had developed to teach men ejaculatory control. Initially, I felt skeptical. It seemed too simple. But I was intrigued—and desperate. I showed the material to Anne, and asked if she would be willing to give the program a try. She agreed.

A few weeks later, I was completely cured. I could last as long as I wanted. I was ecstatic. In addition, our relationship out of bed improved as much as our lovemaking. Working together to solve my problem deepened our intimacy. Eventually, we married.

### A COMMON (AND CURABLE) PROBLEM

I've never liked the term "premature ejaculation," the official name for this problem. When I was struggling with it, I feared that "premature" meant I was somehow immature, and if only I could become more mature, I'd overcome it. But maturity has nothing to do with rapid ejaculation. The key to curing it is to gain voluntary control over something that's been involuntary. That's why I prefer the more positive term "involuntary ejaculation," which implies a learning process through which ejaculation becomes "voluntary" and under your control. Unfortunately, many physicians and sex therapists continue to use "premature" ejaculation.

Involuntary ejaculation is young men's number-one sex problem, regardless of race, income, education, penis size, masturbation habits—anything. Both circumcised and uncircumcised men share this concern.

Even if they don't make a concerted effort to learn ejaculatory control, men usually find that this problem subsides over time as they become more comfortable with lovemaking. But for many men, occasional involuntary ejaculation remains a lifelong issue. According to the University of Chicago survey discussed in the Introduction, about one-third of the men in every age group said they'd experienced involuntary ejaculation sometime during the previous year.

How soon is too soon? Toss your stopwatch. Time is not the issue. It's control. You're coming too soon if you ejaculate before you want to, whether that's 2 minutes or 2 hours into lovemaking.

If you want to learn ejaculatory control, you can find an abundance of self-help resources. In fact, when I type "premature ejaculation" into Google, it returns more than 50,000 hits. Sex therapy is also an effective option. The late sex therapist Helen Singer Kaplan, M.D., Ph.D., estimated that with sex therapy, more than 90 percent of men learn good control within 14 weeks. Despite its effectiveness, sex therapy recently has had a lower reported success rate in treating involuntary ejaculation. For example, in a 2001 study, Australian sex therapists claimed only 75 percent success.

It's not because sex therapy is somehow becoming less effective. It's just that 25 years ago there were no self-help books or Web sites dedicated to helping men learn ejaculatory control. The only road to help was through a sex therapist, whose patients usually fell into two categories: 1) men with easily curable involuntary ejaculation and 2) men whose involuntary ejaculation was complicated by more serious medical or psychological problems, making the condition more persistent. Nowadays, men with relatively mild involuntary ejaculation usually can solve the problem on their own. The men with complicating factors, and for whom self-help doesn't work as well, are the ones

who consult sex therapists today. So sex therapists see the most severe cases—the cases that naturally contribute to a lower success rate.

Fortunately, most men don't have medically complicated situations. You probably can learn ejaculatory control as quickly I did, and you don't even need a steady sex partner. If the approaches I propose below don't work, sex therapy almost always does. Sex therapists enjoy excellent success helping men learn ejaculatory control, even in cases complicated by emotional distress, relationship issues, or other factors.

## **AN OLD PROBLEM (AND A NEW ONE)**

Ejaculatory control has been a sexual issue since ancient times. The *Kama Sutra*, the 4th century Indian sex handbook, declares: "Women love the man whose sexual energy lasts a long time, but they resent a man whose energy ends quickly because he stops before they reach a climax." (Apparently, the *Kama Sutra*'s author was unaware that most women never reach orgasm solely from intercourse, no matter how long it lasts.) Nonetheless, the *Kama Sutra* understood that it takes women longer than men to become fully aroused, and it exhorted men to learn ejaculatory control not just for their pleasure, but also for women's.

In Western culture, women's sexual pleasure was also important—but only until the 17th century. After that, physicians came to believe that women were not sexual. By the 19th century Victorian era, men—and many women—believed that women endured sex for the sake of procreation and retaining husbands who, in those days, were the sole financial providers. Victorian men did not perceive ejaculatory control as a problem. Since it didn't matter if women enjoyed sex, men were under no obligation to last long enough to arouse or please them. Men who expressed concern about involuntary ejaculation were reassured that it was "natural," even a sign of masculine vigor.

Some biologists even declared that rapid ejaculation had evolved into men's genetic makeup. Other mammals ejaculate very quickly during intercourse, and which men would be most likely to pass their genes to future generations? The ones who ejaculated fastest, of course. This idea has no support today. Authorities agree that ejaculatory control is neither inborn nor unchangeable, and that almost any man can learn to last as long as he'd like.

But the view of rapid ejaculation as normal colored sex research well into the 20th century. When Alfred Kinsey, the first modern American sex researcher, released *Sexual Behavior in the Human Male* in 1948, he noted that 75 percent

of men said they ejaculated within 2 minutes after entering their partner. He did not consider this a problem.

It wasn't until 1500 years after the *Kama Sutra* that Westerners finally decided that involuntary ejaculation was, in fact, an impediment to sexual pleasure. The so-called Sexual Revolution of the 1960s transformed our view of sexuality from a means of procreation into a way to share erotic intimacy, a form of adult play. With this attitude shift, the duration of lovemaking became an issue—longer meant better. (After all, why play for just a few moments?) But it also meant that if you couldn't go all night, you had a problem.

The first clinicians to focus on involuntary ejaculation were psychoanalysts, followers of Sigmund Freud. Their perspective is far too complicated to present here—especially since the treatment they prescribed, years of psychoanalytic talk-therapy, rarely resolves the problem. The do-it-yourself program discussed in this chapter usually teaches men good control in just a few months.

## WHY IT HAPPENS

Involuntary ejaculation is the number-one sex problem for men in their teens and twenties. It's so common, says Harvard's Polonsky, that in early partner-sex experiences, "almost all young men ejaculate rapidly." Men stuck with rapid ejaculation typically feel helpless and hopeless, worried that a partner might dump them for someone with better staying power. They feel trapped in a pattern they can't control, which only solidifies the habit of involuntary ejaculation.

The problem is most common among young men who are sexually inexperienced, unschooled in the fine points of lovemaking, and anxious about their lack of sexual skills. That was me in my early twenties. I knew what went where, and I'd done it enough to delude myself into thinking I was "experienced." But I wasn't, not to mention that I was clueless about whole-body sensuality and women's sexuality, and I felt anxious about how my girlfriend rated me as a lover.

Because schools and many parents offer little in the way of realistic sex information, young men build their sexual knowledge on a foundation of myth, misinformation, and mixed messages. Then they feel pressured to live up to unreasonable standards and can end up with the kind of sexual anxieties that trigger involuntary ejaculation. These myths include:

**Men have only one thing on their minds.** This suggests that if you think about sex a lot, you're a sexual predator. In fact, only a small proportion of men are sexually abusive. It's perfectly normal to think about sex a great deal. By the

same token, it's also normal not to think about sex all the time. Most young men (and older men) think about sex a lot, but not to the exclusion of everything else. "Some men are preoccupied with sex," says *Great Sex* advisory board member Louanne Weston, Ph.D. "Others don't think about it that much. There's no right or wrong here. Know yourself. Accept yourself."

**Real men aren't virgins.** Many young men feel tremendous pressure to have intercourse to "prove" they are men. As a result, they may rush into it just to have done it, just to "cure" their virginity. Rushed intercourse is usually lousy sex that turns off women. It's also a key reason why men come quickly. It's normal for young men to want to lose their virginity, but if you think you're the only guy your age who hasn't done the deed, think again. At the time of publication, according to the Centers for Disease Control, only half of Americans lose their virginity as teens, and the proportion of teens having intercourse has fallen in recent years, from 54 percent in 1991 to 50 percent today.

**Men peak sexually at 18.** That would mean that none of the sex you've had since high school could possibly live up to your teenage fumblings. Nothing could be further from the truth. Sure, compared with older men, teens have more sexual daydreams and are better able to raise erections through fantasy alone. But the pressure on them is ridiculous. When young men learn that 18-year-old sex is as good as it's going to get, they rush into sexual situations they may not be emotionally ready for. It takes years—sometimes decades—after turning 18 for most of us to become skilled lovers who please not just ourselves but also our partners.

**You should know what she wants without asking, and vice versa.** This myth turns sex into a guessing game. No one is a mind reader. No one expects a lover to telepathically know their favorite TV show or ice cream flavor. So why the belief in sexual mind reading? Largely because many people feel uncomfortable talking about sex. Instead of communicating, they fall back on the romantic fantasy that talking's not necessary. But without clear sexual communication, lovers are in the dark. That leads to anxiety, and for many men, that anxiety triggers rapid ejaculation. "Lovers need to declare what they like and dislike sexually," Weston explains. "People are different. Both men and women have a wide range of sexual tastes. There's only one way to find out—ask. Declare your own likes and dislikes as well." Of course, this isn't easy, but it's less difficult than most people think.

**Women are postage stamps: Lick 'em. Stick 'em. Send 'em on their way.** This myth portrays women as disposable. But the vast majority of men want long-term relationships. The conflict between the myth of women as disposable

conquests and men's desire for life partners creates anxiety that contributes to involuntary ejaculation. *Great Sex* advisory board member Marty Klein, Ph.D., explains: "Women are pretty much like men—complicated human beings who respond best sexually to tender, attentive, supportive lovers who enjoy their company, value them as individuals, think they're special, and share their interests, life goals, and sense of humor."

**Sex is all about your penis.** This myth is an outgrowth of pornography, which is totally penis-focused. Sure, your penis is involved in great sex. But the message of porn is that all there is to sex is your penis and her genitals. Actually, great sex involves your whole body. Great sex is the opposite of porn sex. It's based on leisurely, playful, whole-body sensuality.

Beyond sexual mythology, young men face a slew of other factors that wreak havoc on staying power.

**Hollywood standards.** Young men expect early sexual experiences to be as effortless as they appear in movies. Instead, they discover that sex is awkward and confusing. Men's early sexual encounters often wind up generating more stress than satisfaction. Most men feel responsible for leading the woman through lovemaking, but it's often the blind leading the blind. In addition, many men feel they should be two different lovers simultaneously—the "cave man" constantly on the prowl for new conquests, who takes sex from women, and the "delivery boy" preoccupied with giving women sexual satisfaction. Of course, it's impossible to play both of these roles at the same time. The effort causes tension that contributes to involuntary ejaculation.

**Inexperience with sexual negotiation.** If you consider how difficult it is even for longtime partners to discuss their sexual expectations and desires, it makes sense that such discussions can feel downright impossible for the young and inexperienced. Add to that confusion over birth control and sexually transmitted infections, and you have a recipe for instant ejaculation.

**No instruction manual.** It's a rare young man who has an instinctive understanding of what turns women on and how they respond sexually. Few men inexperienced in lovemaking understand that women usually need considerably more time than men to become sexually aroused. Few young men appreciate the importance of vaginal lubrication, beyond vague (and incorrect) notions that "if she's wet, she's ready." And even if he thinks she's ready, in the pitch-darkness under the covers where most early sexual encounters take place, how does he find her vagina? Sometimes, it's not easy.

**The masturbation effect.** Some young men unwittingly train themselves to ejaculate quickly when they masturbate. Think about it: When you were a

teenager, you didn't have much privacy. You lived in your parents' house, maybe you shared a bedroom and/or a bathroom with siblings, and you had little time to yourself. It might have been tough to find time for extended solo sex play. Worried about being seen or getting caught, you wanted to get it over with quickly. In addition, some young men participate in group masturbation sessions ("circle jerks") that become contests, with the "winner" being the first to come.

**Sexual urgency.** Whether or not young men race through masturbation, they typically rush early experiences with partner sex. "Young men fear their partners may suddenly become unwilling," Weston explains. "They can't plunge into intercourse fast enough. Unfortunately a man who comes quickly during his first few sexual encounters is likely to continue that pattern."

Initially, few men care about coming quickly. I didn't. I was having sex, and that was enough. But as time passes, men usually prefer extended lovemaking. By this time, however, they're stuck with "whambam, thank you, ma'am." Some men become frantic. They try everything they can think of to last longer—reciting the baseball standings or imagining train wrecks—but nothing works. A few quick strokes and it just happens. Other men blame it on the woman: "I'm not coming too soon; you're frigid." This only makes things worse. It destroys the trust, comfort, and relaxation necessary for great sex. The situation begins to feel hopeless. Men imagine a depressing lifetime of coming too quickly, filled with lame apologies to frustrated lovers. This generates even more stress.

While anxiety and nonsensual lovemaking are the main causes of involuntary ejaculation, other factors may also contribute to it.

**Nonsexual emotional distress.** Ejaculatory control depends on deep relaxation. Beyond the anxieties created by sex itself, emotional difficulties in other areas of your life may make it tough to relax. Such stressors include: relationship or family problems, job loss, death of a loved one, financial crises, legal problems, even a falling-out with a friend. In addition, minor hassles, if they become chronic, can have similar effects, particularly relationship annoyances. Even welcome life changes can produce enough stress to threaten ejaculatory control: falling in love, getting married, earning a promotion, or winning the lottery. "Any life stress can contribute to rapid ejaculation," says Sugrue. If stress—sexual or otherwise—is getting the better of you, incorporate a stress-management program into your life and consider professional counseling.

**Illness or injury.** When you're ill, your body marshals its energy for healing. You may not have enough energy left over to maintain good ejaculatory control. Illnesses most likely to contribute to involuntary ejaculation include prostatitis, urethritis, and other genitourinary tract conditions. Often they cause symptoms

uncomfortable enough to prevent you from having sex altogether. Even mild symptoms can impact your staying power. If you notice any unusual feelings in your genitals, groin, or lower back, consult a physician.

More serious health issues like diabetes, multiple sclerosis, and other conditions that cause nerve damage can impair erectile function and contribute to involuntary ejaculation. Damage to the spinal nerves involved in ejaculation (different from the ones that control erection) often leave men unable to ejaculate or might cause involuntary ejaculation.

**Chronic psychological conditions.** Chronic anxiety problems—for example, phobias or panic attacks—make it nearly impossible to achieve the deep relaxation you need for good ejaculatory control.

**Drugs.** Stimulants are the main offenders. They prevent the deep relaxation necessary for ejaculatory control. Watch out for:

- Amphetamines, including Ritalin.
- Caffeine. Don't drink more coffee than you usually do. Don't take caffeine pills to stay awake or boost athletic performance.
- Cocaine.
- Ephedra (ma huang). An herb often included in weight-control formulas, and cold and allergy products.
- Phenylpropanolamine. This is an ingredient in some over-the-counter cold formulas, but mostly in diet aids (Dexatrim, Acutrim).
- Prescription appetite suppressants.
- Pseudoephedrine. The decongestant in Sudafed and other over-the-counter cold and allergy formulas.

## HOW TO LAST AS LONG AS YOU'D LIKE

Ejaculatory control is a skill, and like all skills, you must first learn it, then practice it. Luckily, it's not difficult to learn. And practicing, well, how bad could that be? Before you begin the programs I outline on the following pages, here are some initial preparations.

**Consult a physician.** “When men consult me for involuntary ejaculation,” explains *Great Sex* advisory board member Linda Alperstein, M.S.W., L.C.S.W., “I always start by urging them to have a checkup.” If you haven’t had a checkup

in a while, or if you believe that an illness contributes to your involuntary ejaculation, consult a physician. The doctor should review your medical history, including the drugs you take, examine you, test you for genitourinary tract conditions, and assess your stress levels. Chances are, there's nothing wrong with you. That's reassuring. If the news helps you feel more relaxed, it can contribute to developing good ejaculatory control.

Be forewarned: Few family doctors or urologists are trained in sex counseling or therapy. Doctors are less likely to advocate the simple, do-it-yourself sex therapy program that resolved this issue for me—and should for the vast majority of men. They're more likely to offer a drug that delays ejaculation (see [here](#)). Only a tiny proportion of men truly need drugs. I urge every man with involuntary ejaculation to try either the do-it-yourself program outlined in this chapter or sex therapy before resorting to drugs. Learning good ejaculatory control builds your self-esteem and helps you feel better about yourself, which contributes to sexual attractiveness. If you use drugs, you may have to use them for the rest of your life. This is expensive, may compromise your self-esteem, and also may cause unpleasant side effects.

**Master deep breathing.** Breathing is a baby's first independent act of life. In chapter 1, I explained how deep relaxation is one of the keys to great sex. Deep breathing is one of the easiest and best ways to release tension from the body and experience deep relaxation. Deep breathing is fundamental to meditation, yoga, exercise, and sleep, all of which are deeply relaxing. "It's hard to feel anxious when you're breathing deeply," Weston explains.

If your body releases tension through deep, uninhibited breathing, you're less likely to release it through involuntary ejaculation. Many men are amazed at how quickly their ejaculatory control improves once they stop stifling the natural inclination to breathe deeply during sex.

Deep breathing is a natural outgrowth of arousal. Unfortunately, many of us believe that this pattern of extended inhalation and exhalation means we're not in control. But if you want ejaculatory control, let go of breath control. Give yourself permission to breathe deeply. Imagine you're drawing each breath past your lungs, through your abdomen, and into your genitals. Become familiar with the ways you like to breathe when you're sensually aroused.

In addition to improving ejaculatory control, deep breathing also enhances lovemaking in general. Signs of sensual arousal are contagious. When you trust a lover enough to breathe deeply and show her how much she turns you on, that's likely to turn her on as well. She's more apt to breathe deeply herself, and become more sensually aroused—and sexually responsive.

**Understand the stages of sexual response.** When I was coming too soon, I

tried to distract myself during intercourse, believing that thinking about other things would help me last longer: “The Bulls beat the Knicks 102 to 97. The Lakers edged the Spurs 111 to 110. . . .”

“Distracting yourself is the worst thing you can do,” Weston explains. “Don’t tune out your body. *Tune into it.* Become more familiar with your own sexual arousal pattern. Learn to recognize how you feel as you approach your ‘point of no return,’ the moment when ejaculation feels inevitable.” Once you’re familiar with how your body feels as you approach this point, it’s easier to make small adjustments that allow you to stay highly aroused without ejaculating.

In the 1960s, Masters and Johnson identified the four-phase Sexual Response Cycle as a way to describe the body’s physical changes during lovemaking. It includes: excitement, plateau, orgasm, and resolution.

1. **Excitement:** The beginning of arousal. Heart rate increases. Breathing deepens (if you let it). Nipples become more sensitive. Chest and facial tones may become ruddy. Erection begins. The scrotum starts to pull closer to the body.
2. **Plateau:** Complete arousal. Erection becomes full (though it may subside, and then, with more stimulation, return to firmness, especially as men grow older). The scrotum hugs the body. A few drops of lubricating “pre-come” may moisten the head of the penis. As orgasm approaches, excitement intensifies and breathing quickens until you reach your point of no return.
3. **Orgasm:** A two-step process in men. As excitement peaks, the prostate gland and seminal vesicles squirt their secretions into the urethra. These secretions combine with sperm to form semen. Ejaculation follows seconds later as wavelike contractions of the pelvic muscles propel the semen out of the penis. During orgasm, the muscles around the anus also contract.
4. **Resolution:** Heart rate, breathing, and state of mind return to normal. In the vast majority of men, the penis quickly goes soft. The scrotum descends, and some time must pass before you can raise another erection. This period of time is known as your “refractory period.” As you grow older, the duration of your refractory period increases. Some young men can raise subsequent erections shortly after ejaculating. But for men over 40, it might take 12 to 24 hours, and for older men, longer. This is totally normal. (In pornography, deft editing of scenes shot days apart creates the illusion of immediate reerection.)

**Finally, adjust your attitude.** As I said earlier, it’s not difficult to learn

ejaculatory control, but you may feel awkward at first. That's okay. You'll get the hang of it soon enough. The trick is to stay relaxed and patient. As you're working on it, you still may ejaculate before you want to. Don't become discouraged if this process takes longer than you think it should. It may take some time—even several months. Maintain a sense of humor. Personal changes rarely happen gracefully. Above all, do not measure your staying power with a stopwatch. The number of minutes you last is irrelevant. The issue is your control over ejaculation, whenever you choose to come.

## THE SOLO PROGRAM

If you're ready to learn superb ejaculatory control, the solo program is a good place to start. You don't need a partner, just a little time and privacy.

To learn ejaculatory control, you must become familiar with your individual sexual response cycle, the one that's unique to your body. Lasting longer relies on your ability to extend your plateau phase—the time between excitement and orgasm. By learning to recognize the different sensations you feel as you become highly aroused, you can lengthen your plateau phase so you don't hit your point of no return before you're ready. The key to this is masturbation. "Masturbation allows you to tune into your state of arousal," Sugrue explains, "and fine-tune it so you don't come until you want to. It's a training process. Every time you last a little longer, your knowledge and confidence increase, and your anxiety level decreases, all of which help you gain better control."

To learn ejaculatory control, sex therapists suggest masturbating several times a week for about 30 to 60 minutes per session. Find a time and place where you can be alone and feel at ease. You might like to shower, meditate, stretch, or relax some other way beforehand. Then surround yourself with whatever turns you on: candles, music, erotic art or videos. But don't use mood-altering drugs of any kind. They'll distort your body's signals and your ability to recognize them.

Undress and begin to explore your body from head to toe. Touch and massage every square inch. Your scalp, face, neck, shoulders, back, hands, and feet are particularly arousable through self-touch. Don't rush through nongenital self-appreciation. It's not something to get over with. "Appreciating total-body sensuality can be very helpful in learning ejaculatory control," Klein explains. "It's as though experiencing pleasure in other parts of your body takes pressure off your penis to ejaculate." If you'd like to explore whole-body sensations in another way, get a professional massage.

Move on to masturbation slowly. Savor the sensations as you stroke your

inner thighs, anal area, and scrotum. The scrotum is extremely sensitive to touch. Scrotal self-touch can also help you to appreciate how women experience fondling of their outer vaginal lips. The scrotum and outer lips develop from the same embryonic cells and are similarly wired into the nervous system.

Next, stroke your penis gently. Remember, the goal here is simply to experience how it feels to touch yourself. During masturbation for ejaculatory control, sex therapists generally recommend working up to 15 minutes of self-touch per session. “Not that 15 minutes is as long as you should last,” Weston explains, “or that you should always last that long. It’s arbitrary. However, if you can learn to last 15 minutes, you can usually last as long as you’d like.”

As you masturbate, pay attention to how your penis feels. Vary your grip from light to tight. Vary your strokes from slow and gentle to fast and intense. Try everything in between. Play with the head, the shaft, scrotum, anal area, and inner thighs. The head (glans) is usually most sensitive. However, the underside of the head and shaft, the corona (the ridge at the base of the head), and the frenulum (the ring of indentation just behind the corona) are also exquisitely sensitive. Introduce yourself to all the sensitive places around your penis.

Pay particular attention to the sensations you feel as you approach your point of no return. When you feel close, stop stroking your most sensitive areas, but don’t stop caressing yourself entirely. Either hold your penis gently or massage other arousing but less sensitive parts of your body until the urge to ejaculate subsides. Then return to masturbation. Repeat this several times.

As you masturbate, breathe deeply. Notice how much easier it is to approach your point of no return and then back away from it while breathing deeply. Try this experiment: Stifle your breathing while masturbating, but as you approach your point of no return, begin to breathe deeply. Chances are you’ll feel greater ejaculatory control.

While masturbating, you might misjudge your point of no return and ejaculate before you want to. “It happens,” Alperstein explains. “Learn from your mistakes. Then wait until your refractory period is over and try again.”

When you stop stroking your penis near your point of no return, another disconcerting thing might happen: Your erection might subside along with the urge to come. This also is normal. Just relax, start stroking your penis again, enjoy an erotic fantasy, and your erection should return. Bear in mind that stressing out about erection loss doesn’t help. On the contrary, emotional stress contributes to involuntary ejaculation and erection problems.

Start by stroking yourself with a dry hand until you can last 15 minutes. Be creative. Use different strokes and pressures. Stay focused on what you feel. Get to know your plateau phase well. Approach your point of no return several times

and then back away from it. Remember to breathe deeply, especially as you approach your point of no return.

Then repeat the process with a lubricated hand. Use vegetable oil or a sexual lubricant. Lubricants produce more intense sensations. Again, work up to lasting for 15 minutes using various strokes and pressures, breathing deeply, and staying focused on what you feel as you approach your point of no return, and then back away from it.

After a few weeks of this, you may be able to hold yourself in the plateau phase as long as you like. If you find that you haven't made much progress after giving the masturbation program a few months, you may want to consider sex therapy.

## PROBLEM SOLVED?

### How LASTING LONGER AFFECTS YOUR RELATIONSHIP

When a man learns to ejaculate voluntarily, it might cause as many problems as it solves. A sexual relationship is an intense connection. A change in one partner's sexual functioning automatically affects the other and the relationship, often in unexpected ways. Imagine a couple who each have similar jobs—he's a musician and she's a singer. Naturally, they both want the other one to succeed. Then suddenly she cuts a hit record and jumps from singing in clubs to performing in sold-out concert halls. Meanwhile, he continues playing in bars. How would he feel about her success? Probably mixed.

It's great when a loved one's dream comes true, but it would be natural for our musician to feel jealous, left out, and afraid she might dump him for one of the more glamorous stars she now knows. To return to a couple faced with involuntary ejaculation, the woman might think: "He no longer needs me or wants me. Maybe he'll become unfaithful or leave."

In some relationships, a pattern of martyrdom may exist where the woman sacrifices her pleasure so that the man won't feel badly about his ejaculation issues. Perhaps she doesn't enjoy sex much and doesn't mind getting it over with quickly. Or perhaps she takes comfort in the fact that his rapid ejaculation keeps him from pursuing other women. Some couples develop a kind of "inadequacy bond" where, for example, he might come too soon and she might not come at all with him. When his problem clears up, she may feel the relationship has fallen out of balance. The point is, there's more to mutually fulfilling sex than simply lasting longer.

Once you learn to last as long as you'd like, chances are you'll want to practice your new skill—and show it off—by having sex more often. Bear a few things in mind:

**Keep communicating.** You may be thrilled to have gained ejaculatory control, but your partner may feel differently. She might feel harassed by requests for more frequent sex, especially if she's not as interested in sex as you are. She might not want to make love all night, as great as you may think it sounds. Or, as I mentioned above, she may fear that your new skill will make you so sexually confident that you'll have affairs or leave her. Discuss these issues. And if you get stuck, consider sex therapy.

**Use lube.** Regarding basic sexual mechanics, extended intercourse can use up vaginal lubrication and cause your lover vaginal chafing and soreness. Introduce lubricant. She'll be grateful.

**Remember what stimulates your partner.** Don't expect her to have an orgasm simply because the old in-out now lasts longer. Chances are, she'll still need direct stimulation of her clitoris and vulva. If you're interested in maximizing the chance of her orgasm during intercourse, try the positions discussed in [chapter 8](#). The good news is, whether or not your lover can have an orgasm during intercourse, the techniques outlined in this chapter should enhance her sexual pleasure, because they emphasize the leisurely, whole-body sensuality that most women enjoy.

**Respect your own limits.** Once they can last as long as they like, some guys overdo it. They try to make love so frequently that they experience balky erections. Every penis has its limits.

## THE COUPLES' PROGRAM

Until now, you've been practicing solo. If you're not currently coupled up, individual work can help you last longer in future relationships. But if you are in a relationship, you can invite your partner to participate.

The eight-step program presented here is an extension of the solo program. If you've followed my suggestions above, you should be able to masturbate for 15 minutes with either a dry or lubricated hand, varying your strokes so you can reliably approach your point of no return, then back away without ejaculating. This plan is similar, but involves your partner.

For each of these steps, allow several sessions. Don't rush from one step to the next. Sex therapists recommend at least four sessions per step, with each step extending over a week or two.

1. She strokes your penis without lubrication until you can last 15 minutes. Ask her to vary her strokes. Tell her when you're approaching your point of no return, and when you do, ask for less vigorous stroking until the urge to ejaculate subsides. Remember to breathe deeply.
2. She proceeds as in Step 1, only with a lubricated hand until you can last 15 minutes.
3. She proceeds as in step 1, only she performs oral sex—assuming she's open to giving that erotic gift—until you can last 15 minutes. She should begin by simply holding your penis in her mouth without much movement. When you feel you have things under control, ask her to increase the motion of her caresses with her lips and tongue. Eventually, ask her to stroke your shaft by hand as she sucks.
4. You lie on your back and breathe deeply. She caresses your penis by hand, or orally, and then kneels over your hips (see the "[Woman-On-Top Position](#)"),

and slides it into her well-lubricated vagina. She remains still, simply holding your penis inside her. Sex therapists often call this the “quiet vagina.” You move just enough to maintain your erection for 15 minutes.

5. Begin as in step 4, only you remain still and she moves just enough to maintain your erection for 15 minutes. If you feel yourself approaching your point of no return, ask or signal her to move less or stop moving.
6. Begin as in step 4, only she remains still and you move more energetically until you can last 15 minutes.
7. Begin as in step 4. This time you stay still and she moves energetically until you can last 15 minutes.
8. Begin as in step 4, and both of you move energetically until you can last 15 minutes.

As you practice, remember to incorporate playful, whole-body sensuality. And remember your lover’s needs. In fact, practice sessions often provide good opportunities to check the kind of sensual touches she likes. Under normal circumstances, you might not feel comfortable asking her what she likes sensually, and she might not feel comfortable declaring her preferences. But in the context of the couples’ last-longer program, you’re coaching her in the sexual adjustments you need. And it’s the perfect opportunity for her to coach you.

Both the solo and the couples’ program should get you well on your way to lasting longer. To supplement the process, try these additional suggestions.

**Practice Kegel exercises.** Kegels can help you recognize signals of arousal. Italian researchers worked with men who reported persistent involuntary ejaculation. Most had experienced the problem for at least 5 years. Many had tried other therapies without success. The researchers taught them Kegel exercises and worked with them closely for 15 therapy sessions over 3 to 6 months. Sixty percent said Kegels helped improve their control.

A quick review of Kegels. First, identify your PC muscle. It’s the one you contract to stop urinating, or to squeeze out the last few drops. Try stopping your stream a few times to identify your PC. Contracting your PC muscle may also cause a tightening around the anus.

Once you’ve identified your PC, do both slow and quick Kegels, says Alperstein. For slow Kegels, contract your PC and hold it for a slow count of three, then relax. For quick Kegels, contract and release your PC as rapidly as you can, then relax.

Begin by doing five slow contractions and five quick ones three times a day. Each week, increase the number of contractions you do by five. Your goal is to be able to do 50 slow and 50 fast three times a day, for a total of 300 contractions a day. Don't increase the number of contractions more quickly than recommended, or you may suffer soreness in your groin area.

**Arouse your whole body.** Great sex is much more than just intercourse, and the sensual arousal that produces great sex involves more than the penis. Your penis loves to feel aroused and become erect, but when you focus all your sexual attention on your little guy, he can't take the pressure—and ejaculates too quickly. Learning to last longer involves expanding genital sexuality to include whole-body sensuality.

## “NOT MY PROBLEM”

### IF YOUR PARTNER DOESN'T WANT TO HELP

If your partner seems hesitant to help you learn voluntary ejaculation, ask yourself: How would lasting longer affect our relationship? Would it throw us off balance? Would my eye rove? Would I be tempted to leave? If the answer to any of these questions is yes—or even maybe—your partner's reluctance might simply reflect a desire to preserve the relationship. If she believes your rapid ejaculation keeps you faithful, reassure her that you want to improve your ejaculatory control for yourself, for your own sexual self-esteem, and not to pursue other relationships.

Other reasons she might not feel enthusiastic about your learning to last longer:

**Disagreement that you come too soon.** Your partner may not care if you come quickly as long as you provide generous clitoral stimulation afterward with your hand, tongue, or a sex toy so she can express orgasm.

**Objections to the program's structure.** She may dislike “cookbook” sex, even for the brief duration of the last-longer program. Sympathize with her. There is a cookbook element to the program. But tell her that you'll be grateful for her help, and working together on the last-longer program is likely to enhance the intimacy of your relationship.

**Fears of being blamed if it doesn't work.** This is a distinct possibility if you've previously blamed her for your sexual difficulties. Reassure her that you won't blame her if things don't work out. Stick to that promise.

**Feeling pressured.** No one likes to feel forced into anything, especially in bed. If you're more sexually domineering than she likes, she might see the couples' program as simply one more thing you're foisting on her. In that case, work on being less domineering. Offer to see a couples counselor. Prove to her that you want to make changes for the good of your relationship—and she may be willing to help you learn ejaculatory control.

**Feeling used.** The couples' program focuses on you and your feelings. Your partner might ask, “What's in it for me?” Remind her that when you learn to last longer, both of you win. You gain something you want, ejaculatory control. And you do it in large part by giving her something she probably wants, a more sensual, whole-body approach to lovemaking.

**Lack of interest in sex.** If your partner doesn't particularly enjoy sex, she may see no reason why it should last longer. She may come around once she begins to see that as sex becomes more leisurely, sensual, and playful, she starts to enjoy it more.

**Pain during intercourse.** Natural vaginal lubrication may decrease during extended intercourse and cause soreness. Different women produce different amounts of lubricating fluids. Some become dry and sore more quickly than others. Try using a commercial lubricant to resolve this problem.

Discuss these issues even if you think they don't apply to you. For sex to feel mutually fulfilling, the decisions affecting it should be mutual ones. "Every change in a loving relationship," Alperstein observes, "requires adjustment, negotiation, and trying to see the other person's point of view."

If your partner adamantly refuses to participate, stick to the do-it-yourself suggestions. But if you find yourself resenting her for not wanting to help you, or if she begins to resent you for the attention you're lavishing on yourself, it will only make your ejaculatory issues worse. Consider relationship counseling or sex therapy.

That's why sex therapists recommend combining masturbation with nongenital self-massage.

Encourage your partner to provide massagelike caresses over every square inch of your skin. This can include your penis, but more importantly, it should include the rest of your body. Distributing arousal over your whole body also allows plenty of time for you to provide the same full-body arousal for her. For good ejaculatory control, your penis prefers lovemaking to proceed at a leisurely pace.

Begin including whole-body arousal during your masturbation exercises. Take breaks from stroking your penis and massage other parts of your body. Then return to masturbating. Notice how it feels to arouse your entire body. Notice how it helps you to focus on what you're feeling genitally, how it helps you to approach and back away from your point of no return.

**Relax your major muscle groups.** During sex, some men become tense. Their brows furrow. They scrunch their necks and shoulders, and clench their buttock, thigh, calf, and anal muscles. Muscle contraction tends to be contagious. Muscles contract more readily when nearby muscles tense up. Thus, muscle tension in the buttocks, anal sphincter, thighs, back, or pelvic area may encourage contraction of the muscles involved in ejaculation. Consciously relax your major muscle groups. Soften your face. Drop your shoulders. Release any clenching in your buttocks, anus, and legs. Remember, ejaculatory control—and great sex in general—depend on deep relaxation. Work consciously not to tense up. During masturbation or partner sex, take periodic inventories of your major muscle groups and visualize them relaxing as you exhale deeply.

**Vocalize your arousal.** Silence is golden in some situations. Sex is not one of them. Try adding sound to your breathing. Moaning often helps men last longer. You don't have to scream or groan as loud as a porn star. Just add a little sound

to your deep breathing and see if it helps your ejaculatory control. As you vocalize, feel the tension flow out of your body.

**Adjust your fantasies.** The point of the strategies for lasting longer is to focus on what you feel during your excitement and plateau phases, and as you approach orgasm. Don't engage in the mental distractions many men use in unsuccessful attempts to last longer. Thinking about other things only interferes with focusing on yourself.

## PERFECT TIMING?

### WHY SIMULTANEOUS ORGASMS AREN'T WORTH THE TROUBLE

A generation ago, many men—and women—believed that the best sex culminated in simultaneous orgasm during intercourse. If you and your partner enjoy coming together, and things work out that way, go ahead and enjoy simultaneous orgasms. But the quest to come together may create more problems than it's worth.

In fact, many people prefer to take turns providing and receiving erotic caresses, especially the intense stimulation that triggers orgasm. When you're the provider, you get to focus entirely on your lover's sexual pleasure. When you're the recipient, you focus entirely on your own pleasure. Trying to give and get simultaneously means that neither experience receives the undivided attention that both deserve.

Here's why.

**It's stressful for the man.** You need perfect ejaculatory control. The stress of this effort combined with timing your orgasm to match your partner's can actually interfere with your ejaculatory control.

**It can be difficult for older men.** As men age, many develop difficulty having an orgasm during vaginal intercourse. The stimulation it provides may not be sufficiently intense. Older men may need stimulation by hand, mouth, or a sex toy.

**Your partner may not be able to have an orgasm from intercourse alone.** According to the best sex surveys, fewer than half of women are able to come during intercourse, even when it lasts a long time. Most women need direct clitoral stimulation. In the woman-on-top or doggie-style positions, you might provide direct clitoral and vulva stimulation with your hand or a sex toy. But even with direct stimulation, a fixation on timing might distract your partner and interfere with her orgasm.

Simultaneous orgasm is not the goal of lovemaking. Its goal is for both of you to enjoy the sensual play, the feelings of love, and the closeness, intimacy, and personal sharing that develop when people play well together—no matter when (or if) orgasms happen. "Great sex isn't about coordinating orgasms," Alperstein says. "It's about pleasure."

But once you can last as long as you like during masturbation with dry and lubricated hands, reintroduce some sexual fantasies. Sexual fantasies keep you

focused on sensuality—and enhance it. Fantasize for a while, then return to focusing on yourself and how you’re feeling, how close you are to your point of no return. At first, it may feel awkward to alternate fantasies and self-awareness, but it quickly becomes second nature.

If you have a special fantasy, one that often triggers ejaculation, take a break from it. Come up with some new fantasies. As you gain confidence in your ejaculatory control, you can return to old fantasies, but with new confidence that they won’t tip you over the edge.

Learning to last longer is not limited to the programs I describe above. Other techniques you can try both with a partner and on your own include:

**The stop-start technique.** Like the eight-step method, stop-start is also an extension of masturbation. After your penis enters her vagina—or other erotic opening—focus on your level of arousal. When you approach your point of no return, stop moving and just breathe deeply until the urge to ejaculate subsides. Then start moving again and repeat.

Most men find that the best way to stop in the vagina is to press in deeply. In any other opening, just locate a mutually comfortable spot and suspend pelvic movements. Both of you should stop moving. Arrange a “stop” signal, either a verbal request or an unspoken signal like a gentle pinch. Stopping without letting your partner know why can cause tensions and increase the chance of involuntary ejaculation.

When you stop, you need not remain absolutely still, as long as you suspend pelvic movements. Continue sensual caresses elsewhere. Many women like the stop-start technique because it allows the sensual focus to alternate from the pelvic area to other parts of her body. “I like stop-start best,” Alperstein says. “It’s simple. It’s effective. And it fits comfortably into partner sex.”

**The squeeze technique.** This technique dates back to ancient China. But in modern sex therapy, Masters and Johnson made it popular again in the late 1960s. It’s based on the stop-start technique, but a squeeze below the head of the penis replaces the stops.

You lie on your back and breathe deeply. Your partner kneels over you, massages you all over, and eventually arrives at your penis. As she strokes it, you focus on the erotic sensations you feel. When you approach your point of no return, you signal her, and she squeezes your frenulum, the area just behind the head of your penis, between her thumb and forefinger.

As she squeezes, your urge to ejaculate should subside. Once you’ve backed away from imminent ejaculation, you signal her, and she returns to stroking you. She may also initiate squeezes at random. A firm squeeze should not cause

discomfort. But if it does, say so and help her find a squeeze that gets the job done comfortably. Experiment with the pressure and duration you prefer: a light or more forceful squeeze for 5 seconds, 10, or longer. Sex therapists recommend several squeezes per session, and two to four sessions a week for a few weeks. Do what feels right for you.

Sometimes your erection may subside along with the urge to ejaculate. That's normal and no cause for alarm. Relax. Breathe deeply. Ask for more stroking. Your erection should return.

After several sessions, you begin as before, but after an initial squeeze, she inserts your penis into her vagina or mouth. She remains still at first, then starts moving, slowly at first, exploring your ejaculatory control. When you signal, or at random, she releases your penis and squeezes. She may squeeze with her hand or she might prefer the Chinese approach of pressing the penis against her pubic area. Repeat for several squeezes per session, and two to four sessions a week for a few weeks.

"I've found the squeeze technique very effective," Sugrue says. "But it isn't practical over the long term. As the man gains control, it eventually becomes unnecessary, and the couple can go with stop-start." Other sex therapists have abandoned the squeeze technique altogether. "I'm not a big fan of the squeeze," Weston explains. "Some couples complain that it interrupts the flow of sex. I agree." Decide for yourself.

**Slow insertion.** As you probably know, the most sensitive, nerve-rich part of your penis is the head. When you push into a vagina quickly, the head might become overstimulated, triggering ejaculation. "Place the tip of your penis so that it just touches the woman's vaginal lips," Alperstein suggests. "Get used to what that feels like. Then slowly insert part of the head and get used to that. Then gently introduce more of your penis into the vagina until it's entirely inside the woman. Don't plunge into intercourse. Mosey into it." Many women enjoy having their vaginal lips teased in this way. The most erotically sensitive parts of the vagina are its lips and the area right inside the vaginal opening.

**Pressing in deeply.** In adult films, the men pump in and out of the women's vaginas furiously. When you do this, the head of your penis often receives a great deal of stimulation quickly, which may trigger ejaculation. In addition, most women don't enjoy the old "in-and-out" as much as men do. It's true that the first third of her vagina contains nerve endings that respond to touch, and lots of women enjoy the sensual closeness of intercourse. But many are more responsive to clitoral stimulation, which results only indirectly when you pump away inside her vagina. Instead of pumping in and out, try pressing in deeply, then using a slow, circular or side-to-side rocking motion that establishes a

sensual rhythm. This way, the head of your penis receives less intense stimulation, which may help you maintain focus on your level of arousal, and last longer. Your partner may also appreciate this move because it enhances sensual closeness, and because as your lower abdomen presses against hers, she receives more direct clitoral stimulation.

## THE PLEASURE ROBBERS

### THESE MAY WORK—BUT THEY AREN'T WORTH IT

**B**ecause involuntary ejaculation is so common, many approaches have been developed to deal with it. These are the ones I don't recommend because they'll rob you of the erotic pleasure that should be yours to enjoy.

**Wearing two condoms (double bagging).** Some men believe that wearing a condom decreases penile sensitivity and reason that wearing two might delay ejaculation. Possibly, but most men who lack ejaculatory control notice little, if any, difference. The extent to which condoms decrease sensitivity is open to debate. If they do, why sacrifice any pleasure in the name of lasting longer? You can learn voluntary ejaculation without relying on double-bagging.

**Anesthetic products.** Available over-the-counter, the rationale behind these products is that rapid ejaculation results from a penis that's too sensitive to touch. Numb the penis and you reduce its sensitivity, which delays ejaculation.

Canadian researchers asked men troubled by rapid ejaculation to apply an anesthetic cream to their penises 30 minutes before sex. While they lasted a little longer, they disliked the numb feeling it created in their genitals. Their partners complained of numbed vulvas and vaginas. The women also complained that the cream made fellatio taste unpleasant.

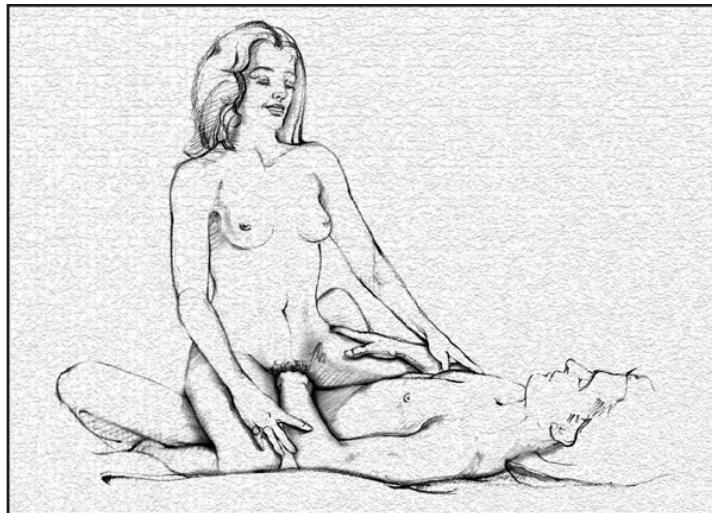
There are other drawbacks as well: You or your partner may have an allergic reaction. By anesthetizing your penis, you rob yourself of pleasure in lovemaking. And these products must be applied several minutes before insertion to allow them to take effect. But they cannot be applied too long before insertion, or the effect begins to wear off. These time calculations tend to increase anxiety and may actually contribute to the problem they claim to treat. Finally, anesthetics are expensive. Why spend money to numb yourself when you can learn to last as long as you'd like without sacrificing any sexual pleasure?

Recently, condom makers have introduced new products whose advertising claims they help men last longer. Trojan Extended Pleasure and Durex Performax are standard condoms with an added anesthetic (benzocaine). This approach combines the drawbacks of both anesthetics and condoms used for ejaculatory control. You can learn to last longer without numbing your penis—or spending your money on anesthetic condoms.

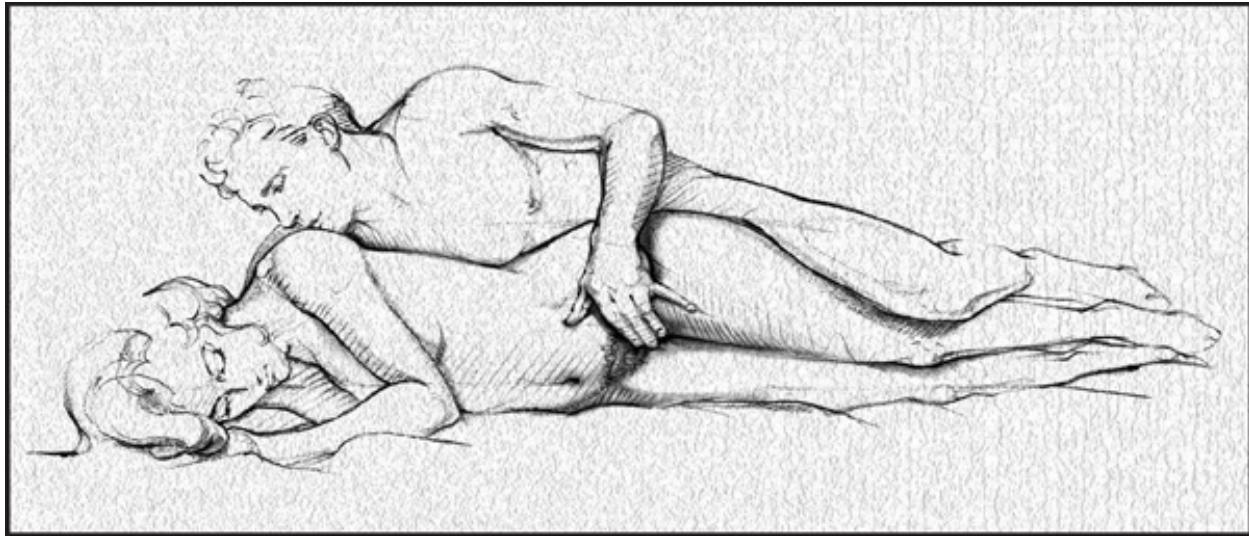
While we're on the subject of drugs, recall from the discussion of the causes of rapid ejaculation that stimulant drugs can contribute to the problem. You might imagine that depressants (alcohol, narcotics, et cetera) might help treat it. But at doses capable of delaying ejaculation, depressants are more likely to cause erection problems than to help with ejaculatory control. Even when they don't cause erection impairment, depressants interfere with the body awareness that's fundamental to learning to last longer.

**The woman-on-top position.** You lie on your back. She kneels, straddling your hips, and lowers her vagina onto your penis. This is the position used to practice the eight-step method and stop-start. Apart from those techniques, the woman-on-top position often results in dramatically improved ejaculatory control.

Why? Because compared to the man-on-top (missionary) position, it's more relaxing for you. The missionary position is work for men. "He has to support his weight with his arms and legs to keep from crushing the woman," Weston explains. "It also involves balance." The physical demands of the missionary position generate muscle tension in your arms, shoulders, back, and legs. Thrusting during intercourse increases this tension. In fact, it's harder for most men to control ejaculation in the missionary position than in any other.



Woman-on-top leaves both partners' hands free for whole-body sensual touching. This position also enables some women to express orgasm during intercourse. Make a fist and place it where your lower abdomens meet. Ask her to help you place it so it presses into her clitoris.



In the spoons position, she can't provide much sensual touch for you, but your hands can provide a great deal for her, including clitoral stimulation.

When she's on top, you don't have to support your weight. All you have to do is lie there. She supports her weight by kneeling, which is relatively effortless. Apart from being more relaxing, men like the woman-on-top position because they get to watch the woman's breasts dance as she moves. Women enjoy this position because it allows them freedom of movement and they can take a more active role in lovemaking, which is a turn-on for many women.

The woman-on-top position was a favorite in ancient China because it fatigued men less than most other positions and increased ejaculatory control. It was also popular among Hawaiians, Polynesians, and Africans before missionaries insisted that they would go to hell if they made love in any position other than man-on-top. Of course, there's nothing wrong with the missionary position. Many couples enjoy it. If you're among them, you can boost your ejaculatory control by breathing deeply, vocalizing, using stop-start, and consciously staying as relaxed as possible.

**Spooning.** Another position that enhances stimulation for her without fatiguing you is "spooning." You both lie on your sides, her back resting against your front. She either holds your penis inside her with her legs closed, or she separates her legs and allows them to intertwine with yours. You're free to press your upper bodies together—her back against your chest—or to separate them while pressing your pelvises together.

## DRUGS TO LAST LONGER

**T**he drugs used to treat rapid ejaculation are antidepressants, primarily selective serotonin reuptake inhibitors (SSRIs), including Prozac, Paxil, Zoloft, Celexa, and Luvox. The vast majority of men with involuntary ejaculation are not depressed, so why prescribe antidepressants? Because one of their side effects is delayed ejaculation.

Several studies have shown that SSRIs postpone ejaculation to some extent. For example, men who last 30 to 60 seconds without drugs last an additional 2 to 5 minutes with them. "SSRIs don't cure rapid ejaculation," Klein explains. "They simply mitigate the symptom. The problem is usually anxiety or lack of sexual skill. SSRIs don't do anything about these problems, and have nothing to do with learning voluntary control. When you stop using the drugs, you're likely to return to rapid ejaculation." Pharmaceutical approaches might help you last longer temporarily, but none help to develop true voluntary ejaculatory control. The key is to become less dependent on "other things" and get more in touch with yourself.

However, if the self-help approaches and sex therapy don't work, SSRIs can help. "Some men need the assistance that drugs provide," Weston explains. "I've seen men use SSRIs for a while, and then taper off them over time and retain good control. I've also seen men who may have minor neurological problems that don't handicap them in the world, but make it hard for them to learn ejaculatory control using the classic sex therapy approaches. They often benefit from drugs."

SSRIs can create other problems that may outweigh your ability to last longer. Additional sexual side effects include loss of libido, erectile dysfunction, and in some cases, inability to ejaculate at all. Nonsexual side effects include nausea, headache, anxiety, insomnia, and fatigue. And men with kidney or liver disease should not take them.

Drugs should be a last resort, says Sugrue. "But I've worked with some men who just didn't respond to the other approaches. In those cases, I feel comfortable recommending drugs."

**Holding the testicles down.** As you approach your point of no return, you might notice that your testicles rise up in your scrotum. Some men find that holding the testicles down helps them last longer. Your partner can reach around and gently tug for you. Or you can use a strap, a sex toy that wraps around the scrotum and holds it down.

**Preintercourse masturbation.** It may help you to masturbate before having sex with your partner. Some men report that after they've ejaculated once, it takes them longer to ejaculate a second time. Of course, this is more likely to work for you if you're younger—as you grow older, your resolution phase becomes longer and it's not as easy to raise that second erection.

# MEN'S SECRET SEX PROBLEM

## DIFFICULTIES WITH EJACULATION

I'd just started college. I wasn't a virgin, but I'd had sex only a few times, and beyond the basics of what went where, I knew little about lovemaking.

I met Peggy at a party. I don't think I ever learned her last name. She latched onto me and wouldn't let go. Nothing like that had ever happened to me before. I didn't find her particularly attractive, nor, as the evening wore on, very interesting. But for reasons I could not fathom, she was taken with me and made it clear that she would welcome an invitation to bed. I was not about to waste the opportunity. We left the party and walked to her place. On the way, we passed a convenience store. I had trouble spitting out the words, but finally managed to ask if I should stop in for some condoms. She giggled nervously and said, "Don't worry about it." I figured she was on the Pill, or had some condoms at her place.

She lived with roommates in an apartment in a decrepit building. Her room was the opposite of romantic. Her bed, a mattress on the floor, had no linens. We undressed, and then quite suddenly and unexpectedly, I had a powerful urge to get up and leave. I didn't like Peggy, didn't feel attracted to her, and didn't feel turned on. But there she was, naked, pulling me down on top of her. I looked around and saw no condoms.

"Are you on the Pill?" I asked.

"No," she replied, "but don't worry. I can't get pregnant."

"What do you mean, you can't?"

"I just can't. That's all."

I didn't believe it, and felt incredulous that she seemed perfectly happy to have intercourse without contraception. But there I was, a horny guy with a chance to get laid. And there she was, willing, eager. We had sex.

In previous sexual encounters, I'd ejaculated very quickly. But that time, I didn't come at all. I pumped away for quite a while, then stopped. I had no idea

that a man could have intercourse and not come. I declined to spend the night and left feeling confused and frustrated. I never saw Peggy again.

## FROM ANCIENT FASCINATION TO MODERN FOOTNOTE

Difficulty triggering ejaculation is the flip side of coming to soon. In both cases, the process of ejaculation is not under a man's control. Ejaculation problems include several related concerns. Most men with this problem can ejaculate during masturbation, but have trouble, or can't at all, during partner sex. Some men can ejaculate during partner sex only under specific conditions, for example, during oral sex, but not vaginal intercourse. Other men experience "numb come," ejaculation without the pleasure of orgasm. And some men experience "dry orgasm," the pleasure of sexual climax without release of semen (see "[The Difference between Ejaculation and Orgasm](#)").

The names physicians and sex therapists use to describe ejaculatory problems include "retarded ejaculation," "ejaculatory incompetence," and "inhibited ejaculation." These terms are confusing and cause anxiety, neither of which helps resolve the issue. If you have trouble ejaculating, you're not retarded, incompetent, or inhibited. You simply have trouble ejaculating. I prefer to use less threatening terms like "nonejaculation" or "trouble or difficulty ejaculating," because that's what's going on.

Today, nonejaculation is men's least discussed sex problem. Ironically, it was a central concern in several ancient cultures. Chinese Taoist physicians of the Han Dynasty (206 B.C. to A.D. 220) did not consider difficulty ejaculating a problem. They promoted it as key to men's longevity and sexual fulfillment. The *Tao of Loving*, part of the *Tao Te Ching*, the bible of Taoism, says that semen contains a man's "essence of life," and that ejaculating too frequently depletes this vital force and shortens his life. Taoist teachers encouraged men to make love frequently, but to ejaculate less often, depending on their age and health. Young men were advised to ejaculate every third day, middle-aged men, once every few weeks, and elderly men, once a month—but not at all during winter, or if they were ill.

Those of us with a Western medical perspective would agree that the sperm in semen play a key role in giving life to the next generation, but no Western studies suggest that retention of semen promotes longevity. On the contrary, a recent Welsh study suggests that as men's sexual frequency increases (and in the

West, ejaculation is an expected result of sex) life expectancy also increases. The Taoist belief presumably emerged from the twin observations that as men age, they experience more difficulty ejaculating and have longer refractory periods (the length of time from ejaculation to raising another erection).

However, the Taoists were quite sophisticated about some aspects of ejaculation. They were aware of the distinction between ejaculation and orgasm centuries before Western medicine realized that the two were separate phenomena. The Taoists encouraged men to have orgasms, but discouraged ejaculation, in part because they believed it left men too fatigued to enjoy subsequent orgasms quickly.

For similar reasons, other cultures have also touted nonejaculatory lovemaking, sometimes known as “coitus reservatus” or “male continence.” During the Middle Ages, some Arab societies practiced *ismak*, literally the retention of semen. And during the 19th century, the Oneida Community, an agrarian/utopian experiment in New York, advocated nonejaculatory sex as a contraceptive.

## **MORE COMMON THAN MOST PEOPLE THINK**

In their 1948 survey of men’s sexuality, Alfred Kinsey’s team found that only one man in 1,000 admitted having any problem ejaculating. During the early 1970s, Masters and Johnson reported treating only a handful of men for this problem, and called it rare.

“Today we know that ejaculation problems are not as common as rapid ejaculation or erection difficulties,” says *Great Sex* advisory board member Marty Klein, Ph.D. “But they are more common than most people think.” Findings from the two most comprehensive studies of our nation’s sexuality (the University of Chicago and University of California surveys, described in the Introduction) suggest that up to 10 percent of men in all age groups experience trouble ejaculating. That doesn’t sound like a lot, but if you’re in that 10 percent, it’s a big deal. And because it’s underreported, there may be lots of men who struggle with it and don’t realize that they can do something about it. “When a man develops it, he often feels like he’s the only guy in the world who has this problem,” explains *Great Sex* advisory board member Louanne Weston, Ph.D.

## **THE DIFFERENCE BETWEEN EJACULATION**

## AND ORGASM

Chances are you have experienced a range of pleasure during orgasm. Some orgasms are intense, whole-body experiences. Others are more modest and feel localized in the penis. And sometimes ejaculation may involve little or no pleasure. The fact is, ejaculation and orgasm usually occur simultaneously, but they are distinct experiences.

Ejaculation is a two-part reflex usually stimulated by stroking the head and shaft of the sexually aroused penis during the plateau phase of the sexual response cycle. The first stage of ejaculation is “emission,” during which the prostate gland and seminal vesicles contract and empty their fluids into the urethra. Men experience emission as their “point of no return” after which ejaculation feels inevitable. The second stage is “expulsion,” the rhythmic, wavelike pelvic-muscle contractions that propel semen down the urethra and out of the penis. These muscle contractions create the sensation of orgasm.

Although ejaculation differs from orgasm, the typical case of non-ejaculation involves simultaneous impairment of both. Usually emission and expulsion are coordinated, the latter following moments after the former. Emission is controlled by nerves in the lumbar (lower mid-back) portion of the spine. Below them are the sacral nerves, which are involved in both erection and expulsion. Because different nerve groups control the two phases of ejaculation, it is possible to experience one without the other.

Emission with impaired expulsion produces “numb come”—semen dribbling out of the penis instead of spurting, and without the physical release of orgasm. If you’re concerned that your orgasms are not as pleasurable as you would like, try the Kegel exercises described in [chapter 2](#). A few months of regular Kegels should help you experience stronger, more enjoyable orgasms.

Orgasm without ejaculation is equally possible. You experience the pleasure of sexual climax—without the release of semen. Expulsion without emission is often called “dry orgasm.” The pelvic muscles contract, triggering orgasm, but the prostate and seminal vesicles do not empty their contents into the urethra, so no semen leaves the penis. Men who can experience orgasm without ejaculation have learned the subtleties of preventing emission, while enjoying expulsion. Dry orgasm typically results from surgery for benign (noncancerous) prostate enlargement. Medically, this is known as retrograde ejaculation. However, even without this surgery, some men experience dry orgasm.

## CAUSES OF EJACULATION DIFFICULTIES

**Your masturbation style.** Some men develop a highly specific masturbation pattern, and train themselves to ejaculate only that way. “I’ve counseled guys who yank their penises harder than any woman naturally would,” Weston explains, “or who bend it off to one side, or whatever. There’s nothing wrong with this, but some men train themselves to ejaculate only in this way—and then can’t with a lover who isn’t clued into their little secret.”

**Trying for round two.** Many young men can raise erections soon after ejaculating. “But sometimes the second go-round isn’t as enjoyable as the first,” Klein explains, “and the man has trouble ejaculating, or can’t, especially as he grows older.”

**Getting older.** With age, the nervous system loses some of its excitability. “After around age 40,” explains *Great Sex* advisory board member Dennis Sugrue, Ph.D., “men often notice that their penises need more stimulation than they once did to trigger ejaculation. Many men who struggled to delay ejaculation as young men find they have difficulty triggering it as they grow older. This can feel very frustrating.”

Aging also brings a gradual loss of pelvic muscle tone. Pelvic muscle contractions propel semen out of the penis and govern the intensity of your orgasm. As pelvic muscle tone wanes, semen may not spurt as forcefully and orgasms may feel less intense. Fortunately, age-related loss of pelvic muscle tone can be reversed with Kegel exercises.

Age-related nonejaculation does not mean that you’re inadequate, abnormal, or nearing the end of your sexual rope. Nor does it mean that you feel turned off by your lover. It just means you’re getting older. Older men who enjoy making love frequently might actually prefer not to ejaculate every time because it means they can raise a subsequent erection more quickly.

**Delivery-boy mentality.** Another common cause of nonejaculation is the “delivery boy” attitude toward sex—the notion that sex is something you should do for women, even if you aren’t interested in making love. “When a man pays too much attention to his partner’s experience and not enough to his own, he loses erotic focus,” Klein explains. “That can interfere with ejaculation.”

Bernard Apfelbaum, Ph.D., a nonejaculation expert and director of the Berkeley Sex Therapy Group in Berkeley, California, explains that the men he sees with this problem typically have erections that are out of sync with their level of desire. They have highly responsive penises and can raise firm, long-lasting erections, but they experience little or no sexual arousal during lovemaking. Their lack of arousal causes difficulty ejaculating, or an inability to

do so. When asked if they feel turned on, they often say they feel numb. Many men with ejaculatory difficulties feel that their penises are not their own, Apfelbaum explains, but simply instruments for pleasing women. They believe that sex has nothing to do with their own pleasure, just the woman's. And they often express anger at, and dislike for, the women they are involved with.

Some psychologists suggest that ejaculatory difficulties signal subconscious withdrawal from the relationship. Apfelbaum disagrees. Men with ejaculatory problems are not withdrawn, he explains. They are simply too focused on the woman's pleasure and not enough on their own. "In all my cases of ejaculatory inhibition," he explains, "the man is a classic example of a partner unable to be selfish or responsible for his own satisfaction. He's overly preoccupied with his partner's satisfaction."

Barry McCarthy, Ph.D., a Washington, D.C., sex therapist and coauthor of *Male Sexual Awareness*, agrees. Men with ejaculatory problems, he explains, often believe that they shouldn't need a woman's cooperation and active stimulation to become highly aroused and reach orgasm, and that arousal and ejaculation should happen automatically. These men view sex as a performance and focus on their role in the performance—"giving" the woman pleasure—over any pleasure they receive from her. Because they can raise firm erections easily, they're unaware that they're not turned on. They don't understand that erection doesn't necessarily mean arousal.

**Emotional stress and distraction.** Just as stress gives some men headaches and others stomachaches, on the sexual side of life, stress causes erection problems in some men and ejaculatory difficulties in others. The same range of stressors that contribute to erectile dysfunction—from relationship issues to financial woes to noisy neighbors—might also cause ejaculatory problems.

## THE DRUG EFFECT

Many drugs have side effects that may delay or prevent ejaculation. The key word here is "may." If you take any of the drugs listed here, ejaculation problems are not necessarily a given—sexual side effects are highly individual. But if you begin to develop ejaculatory difficulties within a few weeks after starting to take one of the drugs listed below, consult the doctor who wrote your prescription. It may be possible to substitute another drug, or some other treatment with less risk of sexual side effects. This list of drugs that may impair ejaculation has been adapted from an article published in the *Journal of Family Practice* by authors who combed the medical literature for reports of drugs with sexual side effects. Drugs frequently associated with ejaculation problems are starred (\*).

**Over-the-counter drugs:** Aleve (pain reliever), Naprosyn (pain reliever).

**Blood pressure medications (anti-hypertensives):** Aldomet\*, Arfonad, Catapres, Demser, Dibenzylidine\*, Hylorel\*, Ismelin\*, Minipress, Normodyne\*, Reserpine\*, Trandate\*.

**Antidepressants:** Asendin, Celexa\*, Desyrel\*, Effexor\*, Janamine\*, Luvox\*, Nardil\*, Norpramin, Paxil\*, Pertofrane, Prozac\*, Surmontil, Tofranil\*, Zoloft\*.

**Antianxiety and psychiatric medications:** Anafranil\*, Barbiturates\*, BuSpar, Compazine, Haldol, Klonopin, Librium, Mellaryl\*, Mitran, Orap, Permitil, Prolixin, Serentil, Stelazine, Thorazine, Trilafon\*, Valium\*, Xanax\*.

**Other prescription drugs:** Accutane (acne), Amicar (bleeding), Dolophine (heroin addiction), Fastin (obesity), Ionamin (obesity), Lioresal (muscle relaxant), Methadone (heroin addiction), Methotrexate (rheumatoid arthritis; cancer chemotherapy), Naprosyn (pain and inflammation), Naproxen (pain and inflammation), Valium (anti-anxiety, anticonvulsant, muscle relaxant).

**Illegal drugs:** Amphetamines\*, amyl nitrate, cocaine\*, crack\*, ecstasy (MDMA)\*.

However, sex therapists often associate several particular stressors with ejaculatory difficulties:

- Fear of rapid ejaculation or erectile dysfunction
- Fear of unwanted pregnancy or sexually transmitted diseases
- Anger at your partner
- A fundamentalist religious background.

“It’s not just one religion,” Weston says. “I’ve seen ejaculatory problems linked with being raised very religiously Catholic, Protestant, or Jewish. It’s not the religion, but the fundamentalism that’s the issue.”

Self-consciousness is another major factor in ejaculatory problems. “Have you ever had to urinate badly, but then as you step up to a line of urinals being used by other men, you can’t?” Sugrue asks. “Some ejaculatory problems are similar. The man is so focused on coming that he can’t.”

**Depression.** “Mention depression,” Weston says, “and the big sex problem is loss of libido. But I see many men in therapy complaining of ejaculation problems whose underlying problem is depression. I try to treat depression without medication because so many antidepressants cause ejaculation difficulties.”

**Genital and prostate problems.** Infection of the urethra (urethritis) or prostate (prostatitis) can cause pain on ejaculation. If you experience this often enough, you might unwittingly train yourself not to ejaculate to avoid the pain. Antibiotics treat these infections, so see your doctor if you think you have one.

Surgery for benign prostate enlargement (BPH) often causes “retrograde ejaculation.” Emission occurs normally, but instead of semen spurting out the end of the penis, expulsion propels it backwards into the bladder. The result is dry orgasm. Semen “backfired” into the bladder mixes with urine and is

eliminated during urination. This causes no ill effects. However, because the man's urine contains semen, it may appear milkier than it did before the surgery.

Prostate, lower colon, or rectal surgery may damage the sacral nerves that control the expulsion phase of ejaculation. The result may be "numb come." Prostate removal eliminates the gland that produces most of the fluid in semen. Assuming the man can still raise an erection, the result is dry, or almost dry, orgasm.

In rare cases, the pelvic muscles go into spasm after ejaculation, causing post-ejaculatory pain. This is another case in which you might inadvertently train yourself not to ejaculate if the pain is severe and happens often.

**Neurological problems.** If the nerves that control ejaculation become damaged, the result can be nonejaculation. This can occur with advanced diabetes, or with multiple sclerosis, paraplegia, or other neurological conditions.

**Alcohol.** Alcohol is usually associated with erection impairment, but in some men, it causes ejaculation problems.

## HOW VASECTOMY AFFECTS EJACULATION

**V**asectomy eliminates sperm from semen. But sperm account for only about 2 percent of the volume of semen. Vasectomy has no effect on the prostate or on the seminal vesicles, which produce the rest of semen. After vasectomy, it's rare for a man to notice any difference in his ejaculations.

## TREATMENT OF EJACULATORY DIFFICULTIES

The first step in dealing with ejaculatory problems is to consult a physician to investigate possible infections, neurological problems, pain problems, or drug side effects. If your problem is related to antidepressant medication, your doctor might prescribe Viagra to take in addition to your antidepressant. University of New Mexico researchers worked with 76 men who complained of sex problems—including trouble ejaculating—after taking the Prozac family of antidepressants (SSRIs) for an average of 2 years. They were given either a placebo or Viagra. After 6 weeks, those who took Viagra reported significantly improved ejaculation, libido, erections, and overall sexual satisfaction.

Beyond resolving medical issues, there are three basic approaches to treatment: 1) letting go of the idea that you "must" ejaculate every time you

make love, 2) understanding that you're more than a delivery boy providing sex to your lover—that you deserve to receive sexual pleasure, and 3) getting the stimulation you need to ejaculate. If self-help approaches don't provide sufficient relief, consult a sex therapist.

## **YOU DON'T HAVE TO EJACULATE EVERY TIME**

Most men consider ejaculation an integral part of sex, and can't imagine making love without it. Ejaculation and orgasm are certainly enjoyable. But every now and then, it's fine not to ejaculate, once you get used to the idea. "I've had men tell me, 'If I can't come, why bother with sex?'" Sugrue says. "Because there's more to sex than ejaculation. I suggest they rethink sex and enjoy the rest of the experience, the sensuality, the closeness, intercourse, oral—even if they don't come."

Enjoyable sex without ejaculation might be hard to imagine for men who recall the "blue balls" or "lover's nuts" of their youth. Young men often experience soreness between their legs if they become highly aroused and then don't experience the release of ejaculation and orgasm. But the discomfort, if any, tends to diminish in middle age and beyond. Older men generally feel less urgency to ejaculate; and if they don't, they feel less discomfort than young men do. Think of it as a stifled sneeze. A tickle in the nose that does not result in a sneeze causes momentary nasal stuffiness, but the feeling quickly fades. Similarly, a man, especially an older man, who does not ejaculate every time may initially feel that something is missing. But if he maintains focus on the give and take of whole-body sensuality, the sex can still feel enjoyable, even great.

When men experience ejaculatory difficulties, they often become quite anxious. This stress is self-defeating. It makes ejaculation less likely. Try to relax about ejaculatory problems. If you don't come every time, it's not the end of the world. If you'd like to ejaculate, you can probably masturbate to orgasm, perhaps by yourself, or maybe with your lover holding you, or helping. In fact, masturbating in front of your lover to show her exactly how you like to be stroked often helps resolve this problem.

## **LEARN TO RECEIVE PLEASURE**

If your ejaculatory problems have been caused or aggravated by a delivery-boy approach to lovemaking, you need to understand that you have a perfect right to enjoy sex, to become aroused, and receive pleasure—in fact, to spend some time lying back and doing nothing but receiving pleasure. Great sex involves both

give and take. Chances are you've been giving generously, but not receiving enough pleasure to really arouse you. If this situation has persisted for a while, you may also resent your lover for monopolizing all the pleasure. The stress engendered by such resentment may aggravate your problem.

If you think you've been so preoccupied with providing pleasure that you haven't allowed yourself to receive enough to bring you to orgasm, discuss this issue with your lover—or simply show her this chapter. It's not your fault that your lovemaking has fallen a bit out of balance. Men are socialized to believe they should orchestrate things, and that's what you've been doing—you've just gone a little overboard with the giving. And don't berate your lover. It's not her fault that she hasn't been providing you with enough stimulation. Women are still raised to follow men's lead in sex and not take much initiative. Explain that you need to receive more pleasure, and ask her to provide it. Think carefully about what arouses you and ask specifically for that kind of stimulation. Chances are she'll be happy to oblige. If you find it difficult to describe in words, show her, using the approach in the section "[Getting the Stimulation You Need](#)". If you're not sure what arouses you, consider reading *For Yourself* by Lonnie Barbach, Ph.D. (see sidebar, below), a classic guide that has helped many women; and a similar, excellent book also aimed at women but helpful for men as well, *Becoming Orgasmic* by Julia Heiman, Ph.D., and Joseph LoPiccolo, Ph.D. *Becoming Orgasmic* has also been turned into an instructive and erotic video (see Resources).

For women who cannot express orgasm and men who have trouble ejaculating, resolving the problem often hinges on figuring out your own conditions for enjoyable sex, not what you think you "should" feel, and not what you think your lover wants you to feel, but what actually turns you on. The biological purpose of life is to reproduce life. For men, that means ejaculation. Your body is hardwired to ejaculate. You just need to discover the conditions that allow it to happen.

## FOR YOURSELF

**F**or  *Yourself* is the name of sex therapist Lonnie Barbach, Ph.D.'s, classic self-help guide that helps pre-orgasmic women learn to express orgasm. Its basic message is that each of us is responsible for our own sexual satisfaction. One partner can help create the erotic environment that allows the other to express orgasm, but no one can "give" an orgasm to anyone else. Orgasms come from deep within us, and they emerge only when we allow ourselves to

experience enough deep relaxation and arousal to release them. *For Yourself* is aimed at women, but the message applies equally to many men with ejaculatory difficulties. Men who have difficulty reaching orgasm are similar to women with the same problem, explains Apfelbaum. They don't orchestrate lovemaking to focus enough erotic attention on their own arousal.

## COMPLETE SATISFACTION

### YOUR SIX-STEP PLAN

Typically, men with ejaculation problems have no difficulty masturbating to orgasm. Expanding on that ability is key to resolving this problem. Here's a six-step plan for putting that skill to good use.

1. First, masturbate with your lover watching. To heighten your arousal, it usually helps to use a sexual lubricant. Place some on your hand and stroke yourself. You may never have masturbated in front of your lover before. Both of you may feel awkward or embarrassed about this. If so, talk about it. If this is difficult—and chances are it will be—admit your discomfort. Remember, you and your partner are working together to resolve a problem that's bothering you. Demonstrating how you enjoy masturbating not only teaches her what kinds of stimulation you need to ejaculate, it also involves self-revelation, which deepens the intimacy in your relationship and helps you feel closer and more tuned into one another. This, in turn, can contribute to resolution of your ejaculatory difficulty.
2. Once you overcome the awkwardness of masturbating in front of her, demonstrate exactly how you need to be caressed in order to come. As you do, explain the fine points of what works for you—the strokes, pressure, pace, and any little creative extras that really turn you on. Pay particular attention to the sensations you feel as you approach your point of no return—the moment of emission, when ejaculation feels inevitable. Focus on the kind of stimulation that brings you to your point of no return, because once you're there, you'll ejaculate.
3. After you've masturbated to orgasm a few times with your lover watching, take her hand in yours and show her specifically how you like your penis caressed. Let her experience providing everything that you demonstrated in step 2. Only this time, you're doing it together. Use lubricant generously on your penis and on both her hand and yours. Coach her. Tell her which strokes

you enjoy, which bring you to your point of no return.

While working with your lover, remember to breathe deeply. Deep breathing helps your nervous system relax so that the lumbar and sacral nerves can work together to trigger emission and expulsion. In addition, close your eyes and call up the fantasies that have helped you ejaculate in the past. They need not include your lover. What's important is that you find them highly arousing. If you like, you might keep your eyes open and watch an X-rated video. Several times, over a period of a few weeks, coach your lover with your hand guiding hers until she feels comfortable stimulating you to ejaculation.

4. Next, withdraw your own hand for part of the time and begin to turn things over to her. She should stroke you in the ways she did while you were guiding her hand with yours. She might use one hand or two. If you like, she can use a masturbation sleeve, a men's sex toy designed to simulate a woman's vagina or mouth. Some masturbation sleeves also vibrate (see Resources). She should use lots of lubricant, and you should coach her as necessary while breathing deeply and enjoying the fantasies that turn you on. Again, practice this until she has brought you to orgasm several times over a few weeks.
5. Next, withdraw your own hand entirely, and have your lover stroke you to orgasm several times over a few weeks.
6. Finally, generalize your lover's new understanding of what arouses you enough to ejaculate. She might try stroking your penis while sucking it, or as part of vaginal intercourse. Here, too, don't hold back. Keep telling her what you need to become highly aroused and ejaculate.

## **GETTING THE STIMULATION YOU NEED**

Some men can ejaculate under almost any conditions. But most men, especially men over 40, discover that the context becomes increasingly important. Certain conditions of comfort and arousal must be met for them to raise and maintain erections, and eventually ejaculate.

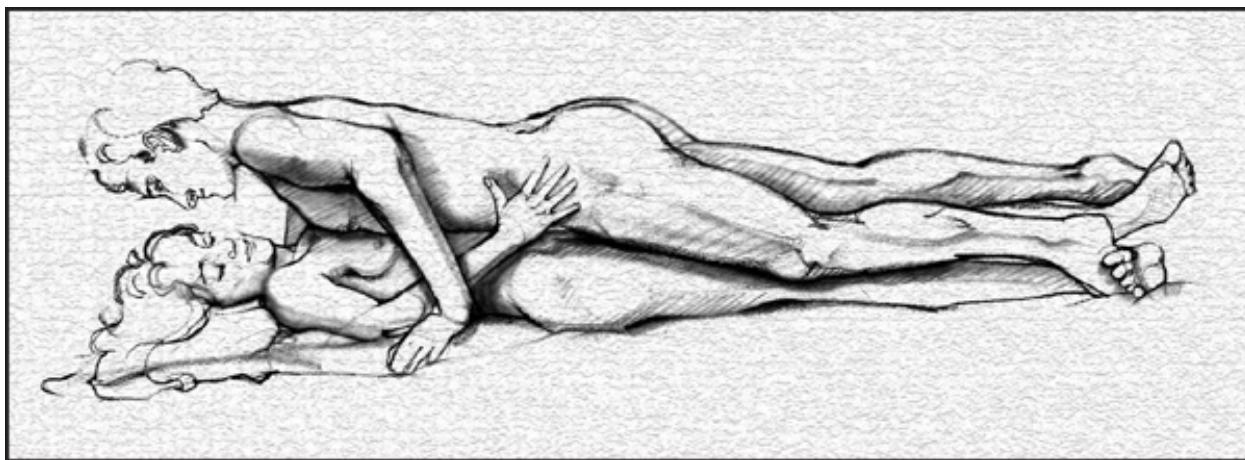
To trigger ejaculation, you may need a particular kind of stimulation—and you may have to ask specifically for it. You may have trouble ejaculating in certain intercourse positions and gravitate toward others. Or you might not be able to ejaculate in your lover's vagina, and need simultaneous oral and manual stimulation to come. Don't become alarmed. Your penis is not giving up on you. You're fine. Instead, try to relax and accept what's happening as a variation on normal, and as an opportunity to experiment with new sexual techniques that provide the stimulation you need to ejaculate.

Some sex therapists recommend the following techniques to help trigger ejaculation:

**When masturbating, move your hips, not your hand.** “Many men masturbate with their hips and penis still,” Weston explains, “while their hand moves vigorously. I often suggest that they try it lying on their sides with their hand still, and thrust into it by moving their hips, spine, and penis. This is a lot closer to intercourse, and training your masturbation style often helps you come in the vagina.”

**Try the Snaky Lick Trick.** This variation on oral sex involves alternating regular fellatio with the woman removing the man’s erection from her mouth, and then lightly, briefly licking the underside of his penis directly below the head before resuming standard oral carresses. In many men, this area is highly sensitive. Stimulating it often helps trigger ejaculation.

**Experiment with positions.** For suggestions on creative positions, rent or buy erotic videos (see Resources). The man-on-top position is usually better than woman-on-top, which typically is recommended for men who want to last longer. It’s generally more difficult for men to delay ejaculation in the man-on-top position, so it’s a good one for men with ejaculatory difficulties. Some men also find that rear entry, or doggie style, intercourse helps them come.

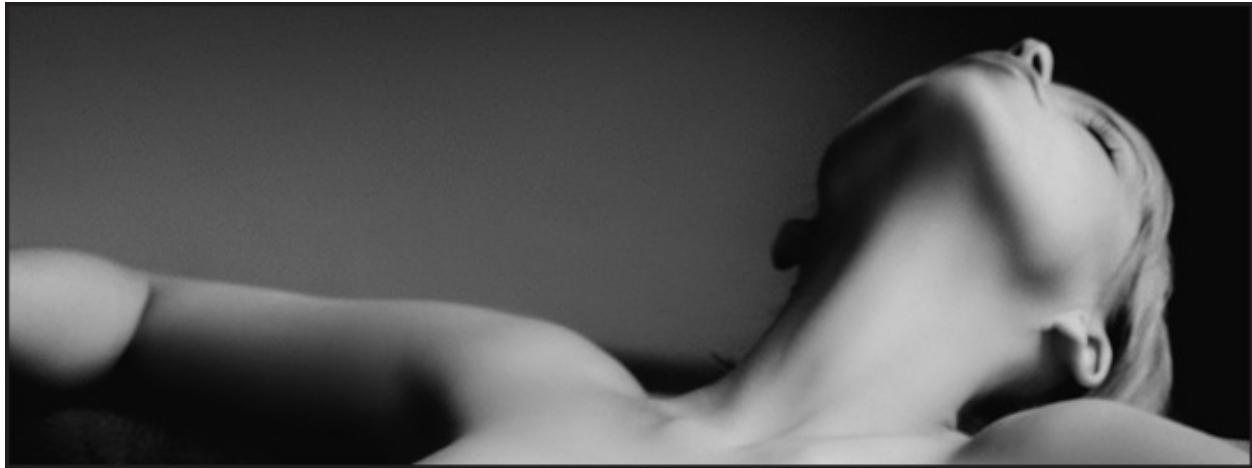


If you have ejaculation problems in the man-on-top position, ask your lover to close her legs so that her inner thighs provide you with extra stimulation. It usually helps to use lubricant on her inner thighs.

**Involve more than just your penis.** When either you or your partner is on top, she can reach down and tease or massage the area between the your scrotum and anus. In many men, this area is highly sensitive. Stimulating it may help trigger ejaculation. For many men, the anus also is highly sensitive to erotic touch. The pelvic muscles that contract during orgasm circle the anus. “Teasing

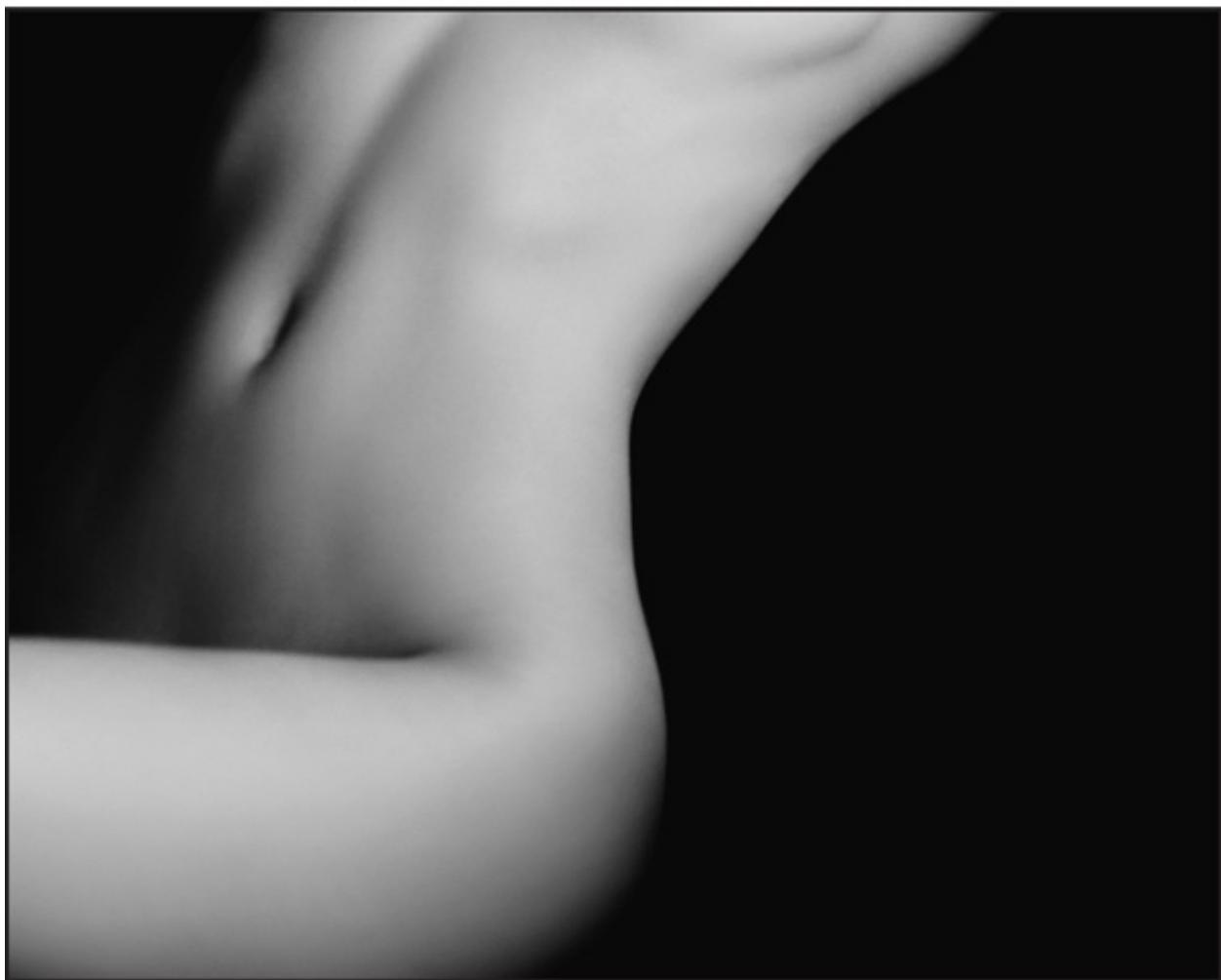
or massaging the anal sphincter helps stimulate these muscles toward contraction, which helps some men ejaculate,” Sugrue explains. “And if you enjoy being anally fingered, deep fingering provides prostate massage, which can trigger powerful orgasms.” Anal massage is most comfortable with lots of lubricant. Lubricant is even more important if your lover slips a finger inside your anus. Anal play does not mean you’re gay. Both heterosexual and homosexual lovemaking involve kissing, hugging, massage, genital fondling, oral sex, and maybe anal play. Sexual moves have nothing to do with sexual orientation. For more on anal play, see [chapter 11](#).





## PART 2

# WOMEN'S SEXUALITY AND PLEASURE



# HER BODY

## AN ADVANCED GUIDE

If you've read the first two parts of this book, you've no doubt come to understand the secret to great sex: leisurely, playful, total-body sensuality. In this chapter, I focus on a small part of a woman's total body—her sexual anatomy, how it functions, and how it fits into whole-body lovemaking.

Let's review what we know. Great sex relies on partners who engage in extended full-body sensuality before diving into narrowly focused genital contact. Without including the entire body in sex play, most women (and quite a few men) can't become aroused enough to enjoy lovemaking. Let's extend this principle to the genitals: If every square inch of a woman's skin is sensually arousable, it makes sense that every part of her genitals should be included in genital sex.

## INSIDE, OUTSIDE, AND ALL AROUND

No discussion of women's sexual anatomy would be complete without a quick look at how our understanding of women's sexual responsiveness has changed since the mid-20th century.

Fifty years ago, the vagina was considered a woman's sexual pleasure center. (After all, that's where the penis goes.) But the best sex surveys of the last few decades showed that fewer than half of women experience orgasm during intercourse—no matter how long it lasts, or the size of the man's penis. The reason: When your penis moves in and out of her vagina, it doesn't provide much stimulation of a much more erotically sensitive part of her anatomy, her clitoris.

Probably the most important sexual advance of the last 50 years was the realization that this little nub of highly sensitive tissue, nestled outside and above

the vaginal opening, is the source of women's sexual pleasure and the trigger of most women's orgasms. "My clitoris is my sex organ," says New York City sex educator Betty Dodson, Ph.D. "My vagina is my birth canal." This is news to many guys and, surprisingly, to some women as well. "Sex research routinely finds that women often don't know much about their own sexual anatomy," says *Great Sex* advisory board member Dennis Sugrue, Ph.D. "My clinical experience confirms this. I'm constantly surprised by how many women would agree with the statement: 'I really don't know much about sex. I just do it.'"

Ironically, ancient peoples were better informed about women's genitals than many of us are today. Our term "clitoris" comes from the Greek *kleitoris*, meaning women's genitals—all of them, what we call the vulva. The prominent ancient Greek physician Galen said, "All parts that men have, women also have. The only difference is that in men, they are on the outside; in women, on the inside." Galen's view persisted for about 1,500 years. The nub of the clitoris was equated with the head of the penis, the rest of the vulva with the shaft, and the outer vaginal lips with the scrotum. Modern science has confirmed this view. The embryological cells that develop into the head of the penis in men become the clitoris in women. The cells that become the shaft of the penis in men become the inner vaginal lips and urethral sponge in women. And the cells that form the scrotum in men become the outer vaginal lips in women.

But after 1700, the concept of male-female genital equivalence faded. Physicians and anatomists began to consider women less sexual than men. By the 19th century Victorian era, women were not considered sexual at all, but merely passive receptacles for men's lust. The clitoris was reduced to the little bump the term connotes today. Sigmund Freud went so far as to suggest the completely erroneous notion that only neurotic women have "clitoral orgasms," while mentally healthy women have "vaginal orgasms." It took until the mid-20th century for William Masters, M.D., and Virginia Johnson to refute Freud's notion of vaginal orgasm and begin to restore the clitoris to the center of women's sexuality.

While Masters and Johnson deserve credit for pointing out the importance of the clitoris, they largely ignored the erotic importance of the rest of the vulva. It wasn't until the 1980s when sex researchers Beverley Whipple, Ph.D., and John Perry, Ph.D., documented the G-spot and female ejaculation, that sex researchers began to appreciate the ancient wisdom that the entire vulva is the anatomical and erotic equivalent of the penis.

Although clitoral stimulation can feel wonderful, fixation on it to the exclusion of total-body sensuality and the rest of the vulva robs women of erotic pleasure and reflects poorly on men's lovemaking skills. "The clitoris is certainly

important to most women's sexuality," explains *Great Sex* advisory board member Linda Alperstein, M.S.W., L.C.S.W., "but it's not a 'magic button.' Most women value being touched all over their bodies, and genetically, all around their vulvas."

The word "vulva" comes from the Latin for "cover," as in covering the vagina. The vulva includes everything that's visible between a woman's legs when she's sexually aroused, from the clitoral hood down to the tissue that surrounds the vaginal opening. Just as all parts of the penis can become sexually aroused and provide men with pleasure, the same goes for all parts of the vulva, and the perineum and anus below it. You'd probably feel short-changed if a lover focused only on the head (glans) of your penis and ignored the shaft and scrotum, and your inner thighs, and the area around it. Similarly, many women feel shortchanged when men focus only on one part of their anatomy, the clitoris, say, or the vagina, while ignoring the rest of the vulva.

## HER SEXUAL ANATOMY

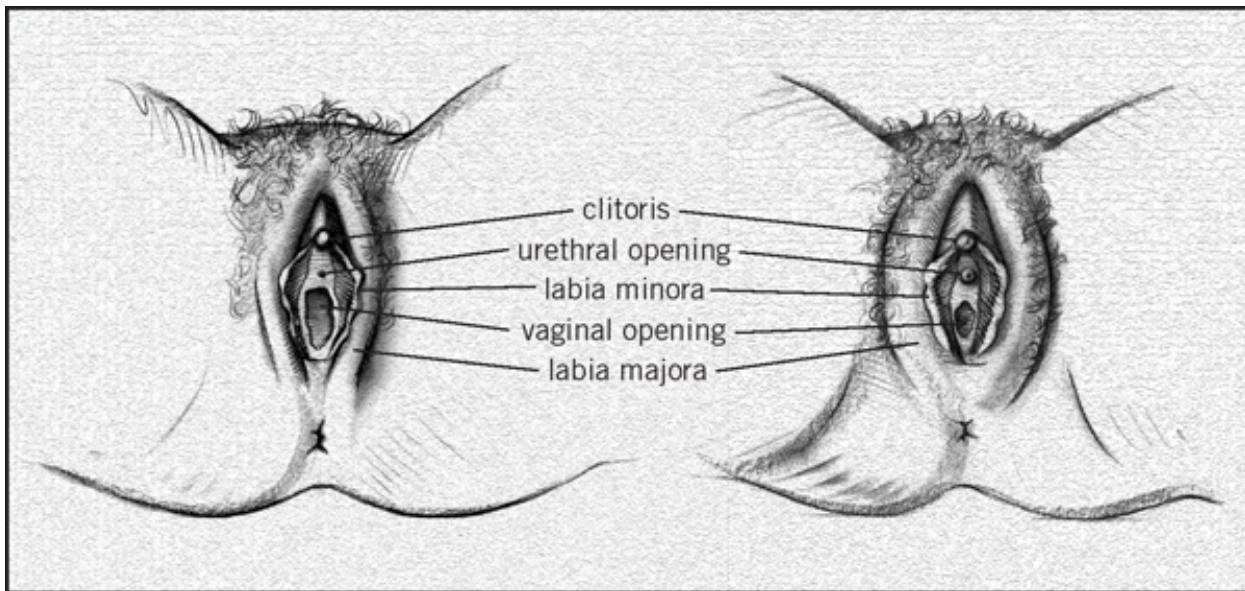
**Clitoral hood.** The top of the vaginal lips, both outer and inner, meet over the clitoris. The tissue directly over the clitoris is the clitoral hood. It's analogous to the foreskin of the penis. As women become sexually aroused, extra blood flows into the vaginal lips, the clitoral hood, and the clitoris, and they all swell. In some women, the clitoris swells more than the hood and lips and it becomes more visible. In others, the lips and hood swell more, and the clitoris appears to retreat. In still others, the clitoris initially becomes more prominent, and then retreats as the woman becomes more aroused. "It's all normal," *Great Sex* advisory board member, Marty Klein, Ph.D., says, "and it's not under the women's conscious control."

**Clitoris.** Located above the vaginal opening where the top of the inner lips meet, and under the clitoral hood, the clitoris holds some 7,000 sensory nerve endings, a greater concentration of touch-sensitive nerves than any other structure in the body—and more than the head, or glans, of the penis. As a result, touch for touch, the clitoris is more sensitive than the glans. That's why many women feel discomfort—even pain—during clitoral fondling. "Unless a woman specifically requests otherwise," *Great Sex* advisory board member, Louanne Weston, Ph.D., says, "the clitoris should be treated very gently. Even when fondled gently, direct pressure feels too intense for some women. There is nothing wrong with any woman who feels this way. If a woman has a super-sensitive clitoris, fondle around it, not directly on it."

On the other hand, some women enjoy direct clitoral massage, even fairly intense stimulation. “Ask how she enjoys having her clitoris caressed,” Alperstein suggests. “Experiment with various types of fondling. She might like very gentle touch until she’s close to orgasm, when she might want a bit more intensity.” Invite her to coach you by saying things like, “Is this too intense?” “I can be more gentle,” or “If you want it more intense, just let me know.”

**Clitoral shaft.** Under the clitoris is another part of the vulva, the clitoral shaft. Like the penile shaft, it’s filled with spongy erectile tissue. When women become sexually aroused, the clitoral shaft fills with blood. In some women, it becomes noticeably longer and firmer, though it remains small. In others, clitoral shaft erection may not be noticeable. Both are normal.

**Outer vaginal lips.** The outer lips (labia majora) don’t look much like lips. They are soft mounds of flesh on either side of the vulva. Like the scrotum, they respond erotically to gentle touch. As a woman becomes sexually aroused, increased bloodflow makes the outer lips swell and appear larger and sometimes puffy. They also part a little, revealing the inner vaginal lips, the rest of the vulva that lies between them, and the vaginal opening. “Many men don’t give the outer vaginal lips their due,” Alperstein says. “Women enjoy having their outer lips fondled, and teased, and licked as much as men enjoy similar touch around the scrotum.”

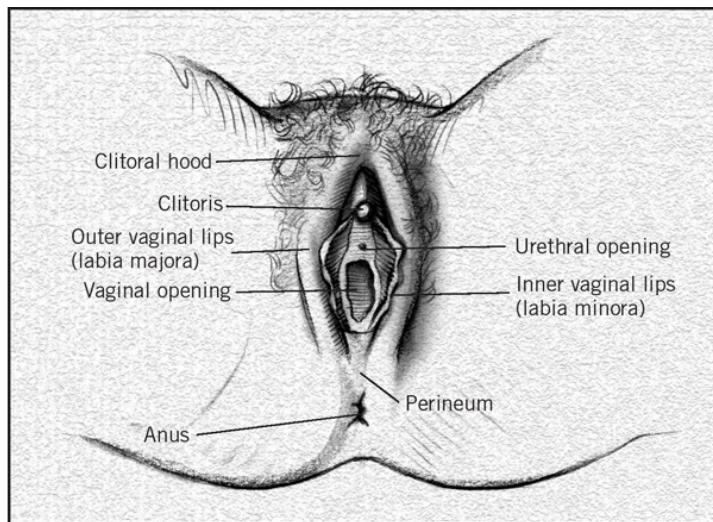


A woman’s vulva looks different before arousal (left) and during arousal (right).

**Inner vaginal lips.** The inner lips (labia minora) look a bit more like the lips

of the mouth. However, their appearance varies enormously. Their color ranges from pale pink to burgundy or even gray. Their shape varies from thin and narrow, to fluted, to thick and fleshy. In some women, both inner lips look identical. In others, one is noticeably larger than the other. Some women feel self-conscious about their inner vaginal lips, thinking they don't look like they "should." But inner lips come in all shapes, sizes, and colors. According to Dodson, producer of the video *Viva La Vulva* (see Resources), women's inner lips are like snowflakes—all unique, all beautiful. Your partner would probably love to hear you say that you consider her vulva beautiful, Klein says.

Together with the clitoral shaft, the inner lips, the pink groove between them (the urethral sponge, see below), and the threshold of the vaginal opening correspond to the shaft of the penis. The inner lips contain erectile tissue. As women become sexually aroused, these lips swell, often extending beyond the outer lips. They also part somewhat, exposing the sensitive area in between them, and the vaginal opening. Like the penile shaft, the inner vaginal lips contain lots of nerve endings sensitive to erotic touch. Some women insist that their inner lips are actually more erotically charged than their clitoris. Many women relish gentle, well-lubricated fondling or licking up and down their inner lips.



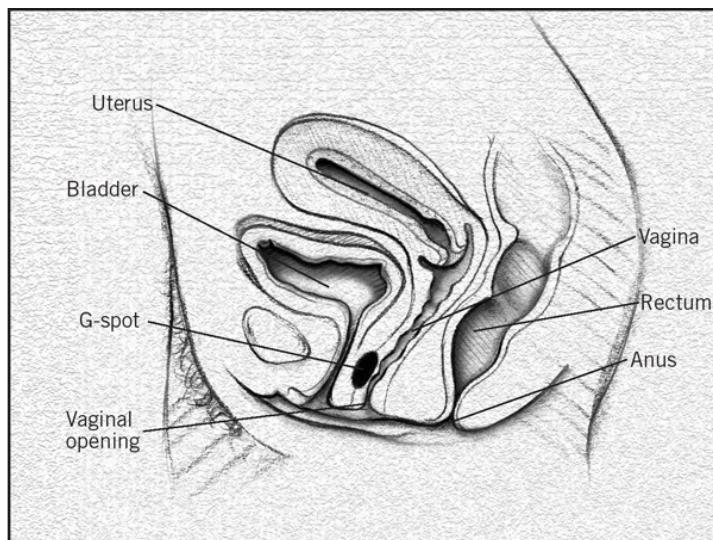
## Female Sexual Anatomy

**Urethral sponge.** Men's erectile tissue is concentrated in the shaft of the penis. Women's is distributed throughout the vulva, from the clitoris to the perineum. A good deal of women's erectile tissue is located in the groove between the inner vaginal lips, particularly around the urethral opening through

which urine leaves women's bodies. This area is known as the urethral sponge. During arousal, its erectile tissue fills with extra blood and swells, bulging somewhat and becoming firmer. In some women, this swelling can be felt by touching or licking the visible area between the inner lips.

**The G-spot.** In many women, the urethral sponge bulges inward when aroused, producing a little mound of firmness in the front vaginal wall. This mound can usually be felt on the inside of the vagina, about 2 inches in from the vaginal opening. This is the fabled—and often misunderstood—G-spot. A brief history: In the early 1940s, German gynecologist Ernst Grafenberg and his American colleague, Robert Dickinson, discovered a “zone of erogenous feeling . . . located along the anterior [front] vaginal wall.” Grafenberg asserted that this area contained erectile tissue that swelled when massaged and during orgasm.

Grafenberg's research was forgotten until the 1980s, when sexologists John Perry, Ph.D., and Beverly Whipple, Ph.D., rediscovered the area of sexual sensitivity on the front vaginal wall. In their studies, women reported erotic sensations when this area was gently massaged during lovemaking. Perry and Whipple unearthed Grafenberg's research and decided to rename the internal urethral sponge after him, the Grafenberg spot, or G-spot. In 1982, with Alice Ladas, they published *The G-Spot and Other Recent Discoveries about Human Sexuality*, a bestseller that focused enormous media attention on the suddenly trendy spot. Millions of women and couples tried to find it. Only some succeeded, which triggered controversy about the G-spot's existence.



## G-Spot

The G-spot is a subtle structure, an area of tissue firmness, and not as prominent as a button. It

may be as small as a dime, as large as a quarter, or possibly not palpable at all.

The G-spot varies from woman to woman. To get a sense of what you're looking for, press lightly on your cheek with a finger. Continue pressing as you open your mouth. Use another finger to explore how this feels on the inside of your cheek. That approximates how the G-spot feels. It's easier to detect when a woman is highly aroused.

Many women have difficulty finding their own G-spots because it requires an awkward reach into the vagina. It's easiest when a woman lies on her back and pulls her knees up to her breasts. Then, she can reach inside with her middle finger, or with a sex toy that has a curved end specially designed for G-spot stimulation. It's less awkward for a man to reach inside and massage the G-spot. While your partner is lying on her back, insert a well-lubricated middle finger, hook it slightly, and gently explore the top wall of her vagina until you feel an area of firmness. Check in with her about how she'd like this area massaged, if at all. "Don't turn a search for her G-spot into some kind of quest for the Holy Grail," Weston advises.

The best intercourse position for G-spot stimulation is rear entry (doggie-style), with the woman on her hands and knees and the man standing or kneeling behind her. In this position, the head of the penis may be able to press against the spot. This makes some evolutionary sense. All nonhuman mammals have intercourse only in this position. It seems reasonable for it to have evolved to be pleasurable for the female. However, in this position, the penis may also bang into the woman's bladder or cervix, which hurts. If she experiences pain, don't press in so deeply.

## GO WITH THE FLOW

### WHAT YOU NEED TO KNOW ABOUT FEMALE EJACULATION

Perry and Whipple noted that when some women become highly sexually aroused from G-spot stimulation, they experience a sudden release of fluid from their paraurethral glands (see below) during orgasm. This is "female ejaculation."

This observation explained a good deal of sexual history. Writers dating back to Galen had reported that women produce a thin fluid that "flows when they experience the greatest pleasure." The *Kama Sutra* and centuries-old Japanese erotic works also mention fluid issuing from women during orgasm.

Until recently, no one really knew what the fluid was. Some women who ejaculated felt

embarrassed because they thought they were peeing during orgasm. And sexuality research pioneers Alfred Kinsey and Masters and Johnson dismissed female ejaculation as extra-copious vaginal lubrication. Though current research isn't definitive, several studies agree that the fluid is chemically distinct from urine and natural vaginal lubrication. It appears to be a combination of dilute urine and secretions from the paraurethral glands. Some researchers say it's closest to the prostate secretions that account for most of the fluid in semen.

What proportion of women ejaculate? Depending on the survey, somewhere between 10 and 50 percent. The amount of fluid released varies considerably, from a few drops to much more.

No one knows why some women ejaculate while others do not. But the process seems related to G-spot sensitivity. Women who experience the most intense erotic sensations from G-spot stimulation seem to be the ones most likely to ejaculate.

It's normal for women to ejaculate. In fact, one study suggests that women who ejaculate appear to enjoy some protection from urinary tract infections, presumably because ejaculation helps expel bacteria from the urethra. It's also normal for women not to ejaculate. Many don't. If a woman doesn't but would like to, try sensual, total-body lovemaking culminating in extended G-spot massage. She might ejaculate. Or she might not. "If it happens, fine. If not, that's fine, too," Alperstein says. "It's not something to strive for, not another hoop to jump through."

Some men in relationships with women who ejaculate love the juiciness of it, and the symbolism of having a partner who can completely let go with them. Other men are put off by it, usually because they associate it with urine. To protect your mattress from the excess fluid, make love on a towel or two.

Some women report mind-blowing orgasms with G-spot stimulation. Others call G-spot massage a modest sexual enhancement. Some feel nothing. And others find G-spot stimulation unpleasant. Women differ. All these reactions are normal. Check in with your partner. Ask if she enjoys G-spot massage, and if so, what type of pressure she prefers. "G-spot pleasure is very individual," Klein explains. "Women who enjoy it usually like it best when they are already very aroused, and vaginally well lubricated."

**Paraurethral glands.** The paraurethral glands are tiny, fluid-producing structures located around the female urethra.

Independent of Perry and Whipple, other researchers investigated the urethral sponge, not for its erotic potential, but because they were interested in the glands embedded in it. The first two were discovered by Alexander Skene in the 1880s and are called Skene's glands. Since then, researchers have identified several others. The arrangement of these glands and the fact that they produce fluid reminded researchers of the male prostate. As a result, some sexologists call the urethral sponge the "female prostate."

**The vagina.** The word "vagina" comes from the Latin for sheath, meaning a cylindrical case. Contrary to its slang description as a "hole," the vagina is not an open space. Think of it as a closed fist formed by elastic muscle tissue capable of expanding somewhat during sexual arousal and a great deal during childbirth.

During sexual arousal, extra blood flows into the vaginal wall, and the outer third of it (nearest the vaginal opening) swells. In some women, the vaginal entrance visibly opens. In others, it doesn't. Either way, this is normal.

Meanwhile, the inner two-thirds of the vagina tents or balloons upward, lifting the uterus and cervix away from the opening to accommodate an erection. You may or may not be able to feel this tenting during intercourse.

In the outdated view of women's sexual anatomy, the vagina was women's key sex organ—in fact, their only sex organ. It continues to be a key sex organ for men because it receives the penis during intercourse. But from a 21st-century perspective, depending on the woman, the vagina may or may not be all that erotically important. To be sure, sensual, well-lubricated vaginal intercourse in a loving relationship provides many women with deep sensual pleasure. Intercourse allows women to share a special intimacy with their lovers. Many women enjoy feeling deeply penetrated, filled up, and holding their lovers' erections inside them. Intercourse produces some indirect stimulation to the clitoris and other parts of the vulva. A minority of women can express orgasm during intercourse. And the vagina provides access to the G-spot. "The vagina is more than the birth canal," Klein says. "It's clear that some women love vaginal intercourse, and that's fine. If you have to guess what turns her on the most, guess her clitoris. But if she loves vaginal intercourse or G-spot stimulation, that's fine too."

On the other hand, many perfectly normal women prefer stimulation of the clitoris and vulva to intercourse or anything else having to do with the vagina. Again, check in with your partner. "Ask what kind of mix she prefers among intercourse and direct stimulation of the rest of her body," says Weston.

**Vaginal lubrication.** Vaginal lubrication is the result of increased bloodflow into the vaginal wall during arousal. The body is mostly water and a watery fluid—called intercellular fluid—surrounds all of our cells. As the vaginal wall swells with extra blood, it pushes some of its intercellular fluid into the vagina. That's vaginal lubrication. In men, increased bloodflow into the penis produces a visible sign, erection. In women, increased genital bloodflow swells both the vaginal wall and vaginal lips, but swelling of the vaginal lips may not be visible, especially in the dark, which is how most people make love. As a result, frequently the most noticeable sign of women's arousal is vaginal lubrication. Men are always aware of erection. But many women remain unaware that they are self-lubricating until they feel it with their fingers, or until a lover feels it and mentions it.

In the 1960's, Masters and Johnson described vaginal lubrication as the first sign of women's arousal and noted that it appears fairly quickly during sex play. This is true for some women. But for many perfectly normal women, vaginal lubrication takes longer to appear, and when it does, there may not be much of it. Many women can feel erotically aroused and not produce much lubrication. (See

why in [chapter 9](#).) Adequate vaginal lubrication is crucial to women's comfort during genital play and intercourse, and lack of it is a key cause of pain during intercourse and pelvic soreness afterward. The solution to insufficient vaginal lubrication is to use a commercial sex lubricant. Many sexuality authorities recommend routine use of lubricants, even if the woman becomes well lubricated on her own. "The wetter, the better," Klein says.

**Hymen.** The word "hymen" comes from the Latin for membrane. The hymen is widely misunderstood. Many men believe that its tissue completely covers the vaginal opening and must be "pierced" when a woman loses her virginity. This is true sometimes, but not often. In most virgin women, the hymen is a ring of skin that circles the vaginal entrance. It's usually open in the center, but it makes the vaginal opening somewhat smaller than it otherwise would be. Only rarely does the hymen largely close off the vagina. Most hymens have a single opening in the center, which allows menstrual flow out and tampons in. Others have two smaller openings, which allow menstrual flow out, but may make it difficult or impossible for the woman to use tampons. In rare cases, the hymen is imperforate. It almost completely covers the vagina, usually with a small slit that allows menstrual flow out.

Hymens also vary considerably in thickness, from thin and almost transparent to thicker, and rarely, leathery. Thin hymens usually wear away as a result of everyday movement, self-exploration by young girls' fingers, and later, tampons. But many women, perhaps most, retain vestiges of hymenal tissue (hymenal tags) into young adulthood.

It's a myth that virginity loss tears the hymen and causes the pain and bleeding a woman may experience. In fact, some women experience neither pain nor bleeding because their hymens were thin and largely gone by the time they began having sex. Other women notice some bleeding, but little or no pain. Abrasion of hymenal tags during early intercourse can tear them, causing bleeding, but hymenal tissue has few nerve endings, so this tearing may not hurt. In women with thick or imperforate hymens, normal intercourse may not be possible, and attempts may cause considerable pain. Minor surgery (hymenectomy) may be necessary to remove hymenal tissue and allow comfortable intercourse. Ironically, much of the pain women experience during early intercourse has nothing to do with their hymens. It's caused by men who rush into intercourse before the woman feels relaxed and aroused enough to receive their lovers' erections comfortably.

**Perineum.** While technically not part of the vulva, the perineum, the bridge of skin that separates the vagina from the anus, is exquisitely sensitive to erotic caresses, thanks to the pelvic floor muscles that lie beneath its surface. The best

known of these muscles is the pubococcygeus, or PC, the one that contracts when women (or men) hold urine or squeeze out the last few drops. The PC also contracts during orgasm. It's the muscle strengthened by Kegel exercises, which increase the power and pleasure of orgasm.

**Anus.** Like the perineum, the anus and the area around it are extremely sensitive to erotic massage. The pelvic muscles form a figure-eight around the vaginal opening and anus. Massage around, on, or inside the anus stimulates nerves associated with these muscles, providing erotic sensations. That's why many women—and men—enjoy anal massage, fingering, and in some cases, intercourse.

**Nipples.** As women become sexually aroused, extra blood flows into their nipples and the tissue immediately surrounding them, the areolas. If more blood flows into the nipples than the areolas, the nipples become prominent, firm, and erect. However, if more blood flows into the areolas, they may swell to the point that they engulf the women's nipples, which may appear to retract.

Most men find women's nipples highly erotic and enjoy seeing them and touching, kissing, and sucking them. Women have a range of feelings about nipple play. Some love it, and say they feel a direct connection between nipple play and genital arousal. Others are less enthusiastic. Some welcome nipple play not for their own pleasure, but because they know their lovers enjoy it. Others find all but the gentlest nipple fondling uncomfortable. Ask your lover what kind(s) of nipple caresses she prefers.

## **SEXUAL RESPONSE: IT'S DIFFERENT FOR WOMEN**

An old joke asks, "What can a woman say to sexually arouse a man?" Answer: "Hello." According to Masters and Johnson, this joke would have been just as funny if you swapped the words "man" and "woman." They believed that exposure to sexual imagery or stimulation produces sexual excitement in both men and women. But the joke doesn't have quite the same impact when you say it the other way. It's true for most men—but not many women. And it illustrates the fundamental differences between how women and men respond sexually.

**FULL-BODY PLEASURE**

## HER UNEXPECTED EROGENOUS ZONES

**E**very inch of a woman's body (and a man's, for that matter) is exquisitely sensitive to loving touch and capable of erotically sensual arousal. Here are some places your lover might enjoy being touched. Caress these spots gently. Fondle them for a while, then caress some others—then revisit the spots you've already excited. Be creative. Be unpredictable, especially as sex heats up. In addition, check in with your lover. As you caress her, ask: "Is this okay?" Some women are ticklish, or have spots they would rather not have touched for other reasons. Ask: "More?" "Gentler?" "Firmer?" Continue to check in. Sometimes women's preferences change as they become more aroused.

You might also experiment with a vibrator around her body. Just be sure to check in because vibrator stimulation may feel too intense for comfort on some places.

These sensual spots are not only for women to enjoy. Try them yourself. You're much more likely to enjoy great sex if your lover lets go of your penis for a while and devotes some quality time to the rest of you. Or if you like, she might fondle your genitals with one hand and explore the rest of your sensual body with the other.

**Neck.** Caress this sensual cylinder all over with your fingers and your lips. Softly massage the back of her neck, especially the muscles at the junction of her neck and shoulders.

**Shoulders.** Gently knead the muscles between her neck and shoulders, and the skin around her shoulder joints.

**Hands and fingers.** The hands and fingers are extremely rich in touch-sensitive nerves, which means they can provide great sensual pleasure. Massage her hands. Caress each of her fingers individually. Suck on them. Swirl your tongue around her fingers.

**Back.** Treat her to different strokes here: the flat of your palm, your fingertips, gently kneading her flesh, or your fingernails, if she enjoys that.

**Hips.** Give these wonderful curves the sensual attention they deserve. Caress them. Knead them. Kiss them.

**Backs of the knees.** Some women are ticklish here. But others love to have the backs of their knees caressed.

**Face.** Let your fingertips meander around her forehead, cheeks, and chin. Just be careful around her eyes. Don't poke or place pressure on them.

**Scalp.** Brush her hair, or run your fingers through it, gently massaging her scalp.

**Ears.** Trace your fingers lightly around the perimeter of her ears. Nibble softly on her ear lobes. Gently lick inside them with the tip of your tongue.

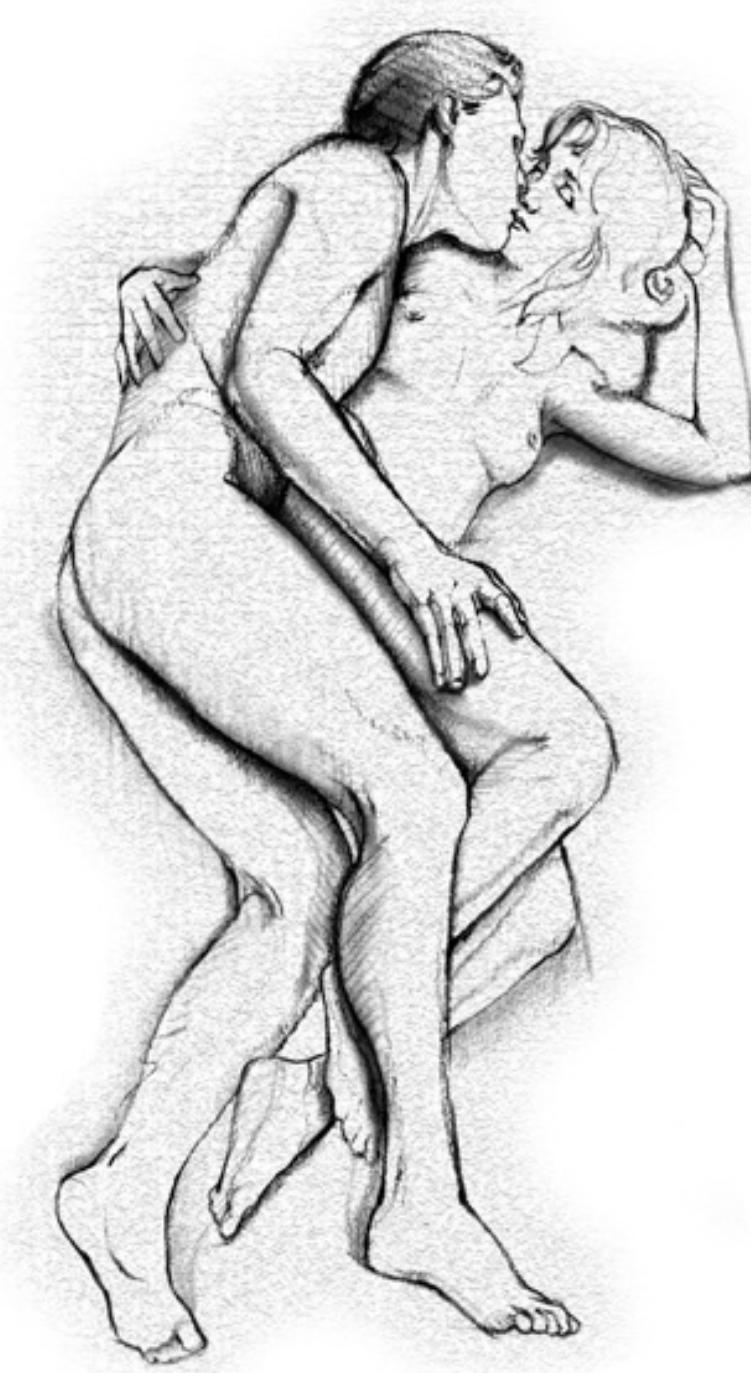
**Insides of the elbows.** Your fingers, lips, or tongue on the inner creases of her elbows might excite her.

**Arms.** Run your fingers or lips up and down her arms from her shoulders to her wrists.

**Belly.** Many women enjoy the flat of your warm palm here. Try probing her navel with your tongue, or lay your cheek down on her belly.

**Legs.** Like her arms, her legs invite long, gliding massage strokes, or feathery fingertip touch.

**Feet.** Like the hands, the feet are also richly endowed with touch-sensitive nerves. That's why foot massage feels so sensual. Sandwich each foot between your two palms. Gently tug on each of her toes. But be careful pressing deeply into the soles of her feet. This can be uncomfortable.



There's more to sex than breasts and genitals.

Some background: In the mid-1960s, Masters and Johnson's landmark book, *Human Sexual Response*, described a four-stage sexual response cycle in both men and women: arousal, plateau, orgasm, and resolution. This model works well for the vast majority of men—but not for many healthy, sexually normal women. When asked to describe their own sexual responses, a substantial proportion of the female population reports patterns of arousal very different from the classic, four-stage model put forth by Masters and Johnson. Benefiting from a half-century of hindsight, we now know that in addition to their groundbreaking work, Masters and Johnson had certain biases that distorted their findings. One was a belief that men's and women's sexual responses are essentially the same. In fairness to Masters and Johnson, this view was quite progressive given that many people at the time considered women hardly sexual at all. It firmly established that women are as sexual as men.

But Masters and Johnson went a bit overboard when they suggested that both sexes share identical arousal and response patterns. It was an honest mistake. Here's why they made it. In their research, Masters and Johnson wanted to study sexually "normal" women. During the 1960s, doctors and psychologists thought "normal" women had orgasms during intercourse. So in order for a woman to participate in Masters and Johnson's research, she had to meet this criterion. (We now know that fewer than half of women are regularly orgasmic during intercourse.) Subjects also had to feel comfortable enough to be orgasmic during intercourse in a decidedly nonerotic laboratory setting, being filmed having intercourse with special camera-equipped dildos. As a result, Masters and Johnson based their conclusions about women's sexuality on a small, nonrepresentative subset of women, and produced an unrealistically narrow view of women's sexuality.

For the last 10 years, a small but growing number of sex researchers, notably Rosemary Basson, M.D., of the departments of psychiatry and obstetrics and gynecology at the University of British Columbia in Vancouver, have conducted in-depth interviews with many women about how they become sexually aroused. Basson has proposed a different way of thinking about women's sexual response, notably in the areas of arousal and orgasm.

## AROUSAL

Research shows that sexual arousal is a challenge for many women. Syracuse University researchers analyzed 52 studies that investigated sexual arousal and found that 6 to 21 percent of women had difficulty becoming aroused. They find themselves in sexual situations and want to respond, but can't. According to the

University of California study discussed in the Introduction, 10 to 15 percent of women report arousal problems. Men typically describe sexual arousal as a “drive,” a deep need for sex. So it’s no surprise that most men can’t understand how women might have trouble getting turned on.

Not only do many women have trouble becoming aroused, once they are, they’re often unaware of it. Several studies show that women exposed to pornography experience increased bloodflow to the clitoris and vaginal wall, clear physiological signs of sexual arousal. But ask them if they feel aroused, and many say no. In contrast, it’s a rare man who doesn’t realize he’s raising an erection—show him pornography, and his pants start feeling snug.

So what causes arousal for women? Generally, women say it’s the feelings of intimacy that accompany the closeness of sexual give and take. Among men, sexual desire—libido or lust—generally precedes arousal. Men feel a drive for sex and go for it, either with a lover or by masturbating. Not so for many, perhaps most, women. Instead, for these women, desire is the *result* of arousal. Even as she begins lovemaking, a woman may feel sexually neutral. It’s only when things start to heat up that she becomes aroused, and experiences desire.

If women don’t feel a lusty desire for sex, then why do they have it? According to Basson, often for nonsexual reasons: wanting to please their lover, affirm their relationship, feel close and intimate, prevent relationship strife, or make up after it. When women become aroused during sex, what they desire most may not be the release of sexual tension through orgasm, but rather physical intimacy with their lover. These observations support an old saying about the sexual differences between men (especially men under 40) and women: Men become intimate to have sex. Women have sex to become intimate.

## ORGASM

Men have no problem knowing if they have experienced orgasm. It’s visible. Semen spurts from their penises and soon after, their erections subside. But many women aren’t sure if they have had an orgasm. It’s possible that they are pre-orgasmic, meaning that they don’t experience orgasm. (For more, see [chapter 9](#).) It’s also possible that their orgasms don’t fit the classic model.

This model illustrates the experience of the vast majority of men. Sexual excitement builds to a clearly discernible peak (orgasm). Orgasm is a series of involuntary pelvic muscle contractions, typically every 0.8 seconds for up to 10 contractions over 5 to 8 seconds. Some orgasms are strong jolts, others a series of staccato ripples.

Many women experience this kind of orgasm, but not all. Some women

describe mild orgasms that reach no peak, but still feel satisfying. Others report multiple orgasms. Some say they have satisfying sex without distinct orgasm. Others describe orgasm not as a brief series of sexual peaks, but rather as a higher plateau of arousal that may last quite a while. The bottom line is that orgasms vary depending on the woman and the sexual circumstances.

These new findings about the normal range of women's sexual response should comfort the many women who don't fit Masters and Johnson's classic, four-stage pattern. They should also help men understand that normal women may have very different sexual arousal patterns, and that men need to honor them. Basson's bottom line is that women should accept their own unique sexuality, and enjoy it. Men should do the same.

## SEX AND HER MENSTRUAL CYCLE

When it comes to sex throughout the menstrual cycle, women are all over the map. Not surprisingly, so is the research. Here's what men need to know: Women are not ruled by their sex hormones any more than men are ruled by lust. But just as different men react differently to the testosterone coursing through their bloodstreams, women have highly individual reactions to their sex hormones, reactions that find expression in unique sexual responses to the various stages of their menstrual cycles.

The biological purpose of life is to reproduce. So, from an evolutionary perspective, you might expect reproductive-age women to feel most aroused and responsive around the time they are most fertile when they release eggs (ovulate) about midway between periods, and for several days after. (See the table [here](#) for more on fertility awareness.)

From a physiological perspective, it also makes sense for sexual interest and responsiveness to vary during the menstrual cycle. Before their periods, many women experience premenstrual syndrome, marked by irritability, which tends to put a damper on libido and lovemaking. Many women also suffer cramps during their periods, making sex the last thing they're interested in.

As a result, we would expect less interest in sex immediately before and during menstruation, then increasing interest in the days before ovulation. Oddly, the research does not support this, or anything near it. Some studies show that women's sexual interest varies across the menstrual cycle, but others do not.

Two major reviews of this issue have been published, a 1979 analysis of 32 studies and a 1990 review of 64. The earlier researchers concluded that "evidence linking increased sexual arousability to the menstrual cycle is

inconsistent, contradictory, and inconclusive.” The later researchers reached the same conclusion. The 64 studies they analyzed found that some women felt most aroused during the very phase of the cycle during which other women found themselves least aroused. And some of the studies found no significant variation in sexual interest across the cycle, even during women’s premenstrual days and periods.

Since then, several more studies have revisited this controversy. They, too, have reached contradictory conclusions.

- Australian researchers asked 173 college women to rate their reactions to various sexual fantasies, then correlated them to the women’s menstrual cycles. The women showed no variation in arousal across their cycles.
- University of Rhode Island scientists correlated 96 college women’s cycles and their interest in the sex depicted in various films. They found “a postmenstrual surge in erotic interest. . . . Erotic interest was also pronounced prior to and during menses.”
- Finally, Arizona State University researchers asked 236 women to keep a daily sex diary (masturbation and partner sex). After three menstrual cycles, the women were most sexually active during the days leading up to ovulation.

What should men make of these disparate findings? For women, biology is not destiny. All women produce the female sex hormones estrogen and progesterone. But not all women produce the same amounts, and some are more sensitive to them than others. This is why some women suffer the mood swings of PMS and the pain of menstrual cramps—and some don’t. These individual reactions to sex hormones also may explain why some women’s libidos ebb and surge during the menstrual cycle while others do not.

Women’s personal feelings about sex are what count. If a woman says she feels predictably more or less libido at different times during her cycle, believe her. But if she notices no differences, believe that as well. Don’t make her feel inadequate or abnormal because she doesn’t experience her sexuality the way one of your previous partners did, or the way the latest study says she “should.” Her sexuality is uniquely her own. Appreciate her uniqueness and honor it.

## **SEX WHEN KIDS ARE IN THE PICTURE**

If you have kids—whether they’re still gestating, newborn, or old enough to ask

for the car keys—you may experience major, and possibly surprising, changes in sexual desire and satisfaction. University of Wisconsin researchers studied 570 couples in which the woman was pregnant. During the fifth month, 85 percent had sex at least once. As delivery approached, sexual activity declined sharply. At 1 month postpartum, only 16 percent made love, largely because both parents, especially the new mother, felt exhausted, and because of lingering after-effects from the birth. By 4 months postpartum, 88 percent were making love again. At 12 months, the figure was 91 percent.

**What happens during pregnancy.** Biochemically, you might expect pregnancy to increase a woman's interest in sex. Pregnancy causes an estrogen surge, which increases vaginal lubrication and blood-flow to the genitals. But in women's sexuality, biology doesn't always call the shots. The conventional wisdom holds that a woman's libido decreases during the first trimester for two major reasons. First, the enormous emotional shift into pregnancy—she becomes focused on the excitement of growing a life inside her and distracted from the kind of excitement that planted the seed in the first place. Second, physical discomforts of early pregnancy, like morning sickness (which can last all day for some women), simply make sex unappealing. Libido often rebounds during the second trimester, only to fall again during the third because of fatigue and the awkwardness of having a big belly and swollen breasts.

But the conventional wisdom obscures a greater truth: Pregnant women's feelings about sex vary tremendously. For their *Mother's Guide to Sex*, Anne Semans and Cathy Winks surveyed more than 700 women about their sexuality during and after pregnancy, and found an enormous range of sexual experiences. "Some reveled in a sexual awakening; others felt turned off," Semans says. "When I was pregnant, I kept hearing about how aroused I'd feel during my second trimester. But I felt turned off the whole 9 months."

During pregnancy, women's orgasms sometimes become more pleasurable. "Because of increased genital bloodflow," Winks explains, "many women reported that pregnancy produced the most intense orgasms of their lives. Some women who had never had orgasms had them. And many said it was easier to come while they were pregnant." The only negative Semans and Winks found was that some women said their genitals became almost too sensitive. Sexual stimulation felt so intense that it was uncomfortable.

A man may also experience libido changes when his wife is pregnant. He may expect to feel very turned on, or enjoy a fantasy of making love with different women with different bodies all of whom are his wife. Or he may feel turned off by her pregnancy. Swedish researchers studied 112 pregnant couples. Some of the men were very turned on to sex with a pregnant wife, but others lost interest,

especially during the third trimester.

One reason some people steer clear of sex during pregnancy is the unfounded fear that it might cause harm. Rest assured, even enthusiastic lovemaking does not hurt the baby. On the contrary, if sex makes a woman feel more intimate with her partner and more relaxed, it actually can enhance the pregnancy by reducing her stress level. Another reason parents-to-be avoid sex during pregnancy is fear that the uterine contractions of orgasm might trigger premature labor. Recent research should ease their minds. Scientists with the National Institute of Environmental Health tracked the pregnancies of 596 women. Intercourse and orgasm late in pregnancy were associated with a 66 percent *decreased* risk of premature delivery. “Assuming a normal pregnancy,” says Richard Perkins, M.D., a professor of obstetrics and gynecology at Creighton University in Omaha, “it’s unlikely that normal activities will disrupt it, including sex.” And that goes for using sex toys, too. “For women with normal, healthy pregnancies,” Winks explains, “our research showed that sex toys, including vibrators, are safe.”

However, some complications of pregnancy warrant abstinence: placenta previa, multiple fetuses, serious uterine irritability, and high risk of premature delivery. If your wife or partner has any of these complications, or you have any other concerns, consult your obstetrician before you have sex.

**What happens after the baby is born.** Many pregnancy books suggest that couples can resume lovemaking 2 to 3 weeks after a normal vaginal delivery that didn’t require an episiotomy (a procedure in which the doctor makes an incision in the mother’s perineum to enlarge the vaginal opening); a week or two later, if she had an episiotomy; and several weeks after a cesarean section. Again, follow your obstetrician’s advice.

However, until the baby sleeps through the night, most new parents feel so exhausted that when they see a bed (or sofa or chair), they want sleep, not sex. Most infants don’t start sleeping through the night until 12 weeks at the earliest, so dads should not expect much sex until then or possibly for many months afterward. It all depends on the baby’s health, fussiness, sleep patterns, and the other stresses in your lives as new parents. New moms are particularly vulnerable to these stresses. After giving birth, some women experience persistent soreness around the vagina that lasts for several months and makes intercourse painful. As her body channels its energy toward healing and sustaining the life it’s just produced, it diverts its focus from creating a new life. Here’s what happens: After she delivers, her levels of prolactin and oxytocin (both libido-dampening hormones) rise so that she can produce milk to feed the baby. Meanwhile, her estrogen levels drop, which among other things, reduces

natural vaginal lubrication, making intercourse uncomfortable. Between her dulled libido and her lack of lubrication, sex becomes less desirable and pleasurable.

Not to mention, “a woman’s breasts are engorged with milk, which can feel uncomfortable,” says Winks. Few women feel sexual the first few months of breastfeeding, and some don’t regain interest in sex until they wean. Breastfeeding brings on a whole new set of issues for parents. “Some women fear their partners will be turned off by huge breasts dripping milk.” Semans says. “Meanwhile, some men consider it a turn-on.” As with other sexual issues, discuss it with your partner.

A woman’s libido also may plummet after giving birth because of the cultural perception that motherhood isn’t sexy. Winks explains: “Growing up, women learn that they should be sexy babes until they procreate. But once they’re moms, they are no longer sexy—or sexual. They’re supposed to be self-sacrificing, and sex is the opposite of that, so many women—and some men—struggle with being sexual as parents.”

“In our society,” Semans adds, “once you become a mother, sex is viewed as an indulgence. Lots of moms buy into this and desexualize themselves. In addition, motherhood is exhausting and time-consuming. Many new mothers told us they wanted to have sex, but had no time or energy for it, that it was no longer a priority.”

To combat these feelings, reassure her that you still think she’s as sexy as before motherhood, if not more so. Comments like, “You’re a sexy mama,” or “Motherhood agrees with you; you’re sexier than ever,” can go a long way toward getting her in touch with her sexuality again. And even if you don’t have intercourse for a while, you can still have a sensual connection. Kiss, hug, hold each other, trade massages. “Sex may be on hold,” says Alperstein, “but most new parents find nonsexual affection reassuring as they adjust to being parents.”

**What happens as kids get older.** If you want to maintain your sexual relationship as a parent, you have to make it a priority. With a child in the house, impulsiveness and spontaneity disappear. You have to plan everything—including sex. “Set aside time for sex,” Winks advises. “Make sex dates. If possible, have your child spend the night somewhere else one or two nights a month, and enjoy a romantic evening together. You might work out a trade with another family. As kids get older, trading sleepovers can be a godsend for parents’ sex lives.”

If you don’t make love for a long time after the birth of a child, consider sex therapy. How long is a long time? “For some couples it’s 6 months,” Alperstein explains. “For others it’s after the child stops nursing. And for some, it’s when

the situation starts driving one of them crazy. You want children to affirm your relationship, not drive a wedge between you.” And you want a sex life you can both live with comfortably.

Even though pregnancy, nursing, and parenthood change sexual relationships—and often strain them—Semans says parenthood ultimately makes people better lovers: “The qualities that parenthood requires—generosity, patience, nurturing, imagination, partnership—all translate well into lovemaking. Many of our respondents said that parenthood had raised their relationships to new levels of intimacy. That was heartwarming, and we heard it often.”

## THE SEXUAL CHANGES OF MENOPAUSE

Many men believe that menopause involves a few weeks of hot flashes around a woman’s 50th birthday. Menopause actually happens gradually over many years. And while hot flashes—sudden feelings of uncomfortable heat—are a hallmark of menopause, there’s a lot more to it, including important sexual implications.

Menopause is a perfectly natural passage, but some women have a harder time of it than others. You should know what to expect and how to help when the woman in your life goes through it. If you’re well informed and supportive, you can help minimize the upsets of this life transition and minimize disruption of your lovemaking.

Medically, menopause marks the end of women’s fertility. Production of the female sex hormone estrogen gradually declines. As this happens, her ovulation and menstrual periods become less regular, and eventually cease.

Menopause is a fairly new phenomenon. As recently as 1900, American women’s life expectancy was around 48, so few women lived long enough to experience menopause. Today, women’s life expectancy is about 80 years, so most women live for decades beyond menopause. For much of the 20th century, physicians mistakenly considered menopause an illness that required treatment. Some women do, indeed, benefit from treatment of its symptoms. But in the last 25 years, women’s health activists have reclaimed menopause for what it really is: a normal transition into a new stage of life, often one of productivity, wisdom, and personal fulfillment—including sexual satisfaction.

The first thing men need to know about menopause is that estrogen production begins to decline during a woman’s late 30s or early 40s. During their 40s, most women notice some menstrual irregularity—skipped periods, heavy periods, spotting between periods, periods lasting longer than 7 days, or periods happening more frequently than usual. After age 45, most women notice the

beginnings of the two major menopausal complaints: hot flashes and vaginal dryness, which become increasingly noticeable as they approach 50.

The second thing men need to know is that a woman's menopausal experience is unique. About 20 percent notice no physical changes, other than a gradual cessation of menstruation. About half of women experience mild discomforts. And 30 percent endure considerable distress. The reason? Women's broad range of reactions to hormonal changes.

Then there's "chemical" or "surgical" menopause, sudden loss of estrogen because of chemotherapy, usually for breast cancer, or removal of both ovaries, usually during hysterectomy or for treatment of ovarian cancer. Because chemical and surgical menopause occur suddenly, they tend to cause more severe discomforts—and often well before age 50.

Here's what often happens when a woman experiences menopause.

**Hot flashes.** These sudden feelings of heat occur without warning and last from 30 seconds to 5 minutes. Usually the face, neck, and chest are most affected. Hot flashes often cause significant sweating. They can strike anytime, day or night. At night, they often disrupt sleep, spurring women to kick off the covers. Women who develop significant hot flashes typically have them for a year or two, though some experience them for longer. The cause of hot flashes remains unclear, but it appears that the estrogen decline disrupts the temperature-control center in the brain.

Until recently, many doctors treated hot flashes with hormone replacement therapy (HRT). It does, indeed, minimize hot flashes, but since 2002, when studies at the National Institutes of Health showed that HRT increases risk of several serious conditions it was once thought to prevent—notably heart attack and stroke—its popularity has plummeted. Prolonged use of HRT (for 5 years or more) also increases the risk of breast and ovarian cancer. Fortunately, non-HRT approaches can help, among them: regular exercise, soy foods (tofu and soy protein), relaxation therapies, vitamin E supplementation, eating less meat and more plant foods, and taking the medicinal herb black cohosh.

**Pain on intercourse caused by vaginal dryness and atrophy.** As estrogen declines, women produce less natural vaginal lubrication. The vaginal wall also thins. The result is chafing and pain on intercourse.

If you don't already use a sexual lubricant, start now. Lubricants substitute for lost natural vaginal lubrication and usually eliminate menopausal women's discomfort during intercourse. Saliva is rarely enough. For women over 40, lubricants often mean the difference between enjoyable and painful intercourse. (For more on lubricants, see [chapter 11](#).)

Vaginal dryness can also be alleviated with a topical estrogen cream or a

plastic ring inserted into the vagina that releases estrogen over time. Both require prescriptions. If the menopausal woman in your life is weighing her options, you should know that estrogen creams get absorbed into the bloodstream and cause the same long-term effects as HRT. Rings have only local action and do not carry HRT's medical risks. And most women prefer them. In one British study, 43 percent of estrogen cream users called their results "excellent," but among ring users the figure was 84 percent.

As the vaginal wall thins, even generous use of lubricant, or estrogen creams or rings, may not prevent irritation, especially with vigorous intercourse. Be gentle. Experiment with a sexual mix that involves less intercourse and more genital massage and oral sex. "But don't stop having intercourse," Alperstein advises. "There's a use-it-or-lose-it aspect to vaginal atrophy. Compared with women who stop having intercourse, those who continue tend to experience less vaginal atrophy."

**Less sexual sensation.** With age, genital bloodflow gradually declines. In older men this can produce unreliable erections. In women, it may decrease sensation in the clitoris and vulva. Bloodflow to women's nipples also declines, resulting in some loss of firmness during sexual arousal. Check in with her about this. Postmenopausal women might want to compensate for diminished sexual sensitivity by requesting changes in erotic stimulation. In addition, a lubricant often helps.

**Libido changes.** With menopause, many women notice decreased libido. Possible reasons include: the discomfort of hot flashes, feeling "old," vaginal dryness and atrophy, and lower levels of androgens, the male sex hormones that fuel libido in both sexes. In addition to libido loss, symptoms of androgen deficiency include: fewer sex fantasies, loss of energy, and depressed mood. Androgen supplementation is controversial, but it may help. (For more information, read [chapter 14](#).)

**Emotional upsets.** The myth is that women become moody during menopause. The truth is that emotional reactions vary. Some women experience no mood changes, while others become depressed, nervous, irritable, and sometimes suffer insomnia. There's no way to predict who will experience menopausal emotional changes, but experts suggest that women with histories of significant premenstrual syndrome or postpartum depression earlier in life are at greatest risk because these conditions involve emotional reactions to hormonal changes.

**Urine leakage.** As a woman ages, her urinary sphincter may lose its ability to close completely, especially during orgasm, which can be embarrassing. Women can do the Kegel exercises mentioned in [chapter 2](#). Added bonus: Kegels also

enhance the pleasure of orgasm.

To help a woman cope with menopause:

- Ask about it.** Don't wait for her to announce "I'm having a hot flash." If she's over 40, raise the issue. Ask her to keep you informed of her passage through menopause and her feelings as the process unfolds. Regular conversations not only provide you with valuable information, but also show her that you care. Discussions of menopause can deepen intimacy at a time when many women need reassurance that they are still attractive, valued, loved, and sexy.
- Listen to what she says.** If she's not experiencing significant discomfort, she may not say much. But if she is uncomfortable, she may want to discuss her situation at some length. Listen to her. Menopause marks a significant personal change, and as such, it means a change in your relationship. Be ready for it. Be there for her.
- Gently correct misconceptions.** The information here won't transform you into a menopause expert. But men aren't the only ones in the dark about it. Many women are more familiar with menopause mythology than with the facts. Just because her best friend had a rough passage doesn't necessarily mean she will. You might suggest she read—or better yet, buy her—a book that contains good information, for example, *Women's Bodies, Women's Wisdom* by Christiane Northrup, M.D. It contains an excellent discussion of menopause, including both mainstream and alternative treatments of its discomforts.

"No one wants to grow old," Weston explains, "but menopause rubs women's noses in the fact that they are aging. In addition to understanding how to cope with its symptoms, it really helps when men are kind, loving, and understanding. Emphasize sensuality, not just during lovemaking, but in your daily life together. Give her a back rub. Massage her feet or her scalp. Brush her hair. For most women, a little hands-on caring goes a long way."

# HER PLEASURE AND ORGASM

## HELPING HER ENJOY GREAT SEX

Most men want to satisfy their lovers, but it's not easy for a man to give a woman what she wants in bed. This is often not his fault. Sure, some men just want to get their rocks off and care nothing about their lovers' satisfaction. "But most of the men I've seen in therapy feel a deep desire to be good lovers," says *Great Sex* advisory board member Dennis Sugrue, Ph.D., "in part, to share mutually fulfilling sex, and in part, because men have considerable self-esteem tied up in being good in bed."

What does it mean to be good in bed? What, exactly, are the best ways to please a woman? This chapter answers the many questions men have asked about women in my more than 30 years of sex education and counseling.

First, remember that every woman is sexually unique. Ideally, the woman in your life feels comfortable enough to tell you—or show you—what she enjoys. If she does, that's great; listen carefully and do your best to implement her requests. However, many women feel tongue-tied. If your partner's in the shy group, I suggest that you embrace the suggestions in this chapter. They'll help you both relax and enjoy sex together. As she feels safe, aroused, and cared for, and as you solicit her feedback, she may become more comfortable revealing what she most enjoys. (See also [chapter 13](#) on sexual negotiation.)

## WHAT WE'RE UP AGAINST

It's not easy for men to please women because, ironically, in our sex-drenched culture, solid, supportive lovemaking instruction is surprisingly difficult to find. Beyond the basics of sperm-meets-egg, most parents who discuss sex with their sons exhort them to use condoms to prevent unplanned pregnancy and sexually transmitted infections ([chapter 12](#)). Even sexually sophisticated parents with the

best intentions rarely discuss the fine points of sensual lovemaking. And few teens welcome such potentially embarrassing instruction from their parents—and can you really blame them?

The sex education that exists in schools is limited to explaining the clinical facts of fertilization and to spreading dire warnings about the risks of pregnancy and STIs. School-based sex education is really *dangers-of-sex* education. The dangers are real, but rates of unplanned pregnancy and STIs in the United States suggest that this approach isn't working. "The goal of most sex education," explains *Great Sex* advisory board member Marty Klein, Ph.D., "is to control sex, to discourage young people from becoming sexual 'too soon.' There's a place for this, but there's also a place for teaching young adults how to make love. But that's never part of sex education."

In some traditional Native American cultures, older women taught young men and women the fine points of lovemaking. But in today's supposedly "advanced" civilization, this rarely happens. Young people are left to their own devices: the blind are leading the blind. As a result, it takes years for most men to learn what women want in bed—if they ever learn it.

Compounding the problem is that today many people's lovemaking technique is strongly influenced by pornography, which teaches it all wrong. Porn can be fun to watch. But the sexual style it presents —instant arousal, then a quick plunge into nonsensual, all-genital sex—turns off many women and causes many of men's sex problems. Again, men are not to blame. In the absence of better sex instruction, men naturally fall back on what's available: easily accessible X-rated media. The women in porn appear to have a fine time, so men figure, "This must be how it's done." When women tell them they hate porn-style sex, men often feel incredulous. "Men often don't understand," Sugrue explains, "that pornographic sex is a fantasy that's very different from the world of real sex."

Many people's early sexual experiences vary from disappointing to disastrous. And they're fraught with challenges, not the least of which is finding a woman's vagina in the dark. Most men's early lovemaking experiences are plagued by feelings of anxiety and failure. Quite often, the result is rapid ejaculation, or problems with erection or ejaculation, which increase men's anxiety about future sexual encounters.

Meanwhile, for many women, early sexual experiences are painful and usually nonorgasmic. *If* she's willing. Many young women feel ambivalent about going all the way. "About one-third of women recall not wanting sex their first time," Sugrue says, "or being forced into it." As a step toward adulthood, first intercourse is a rite of passage. But young women fear the pain—physical and emotional—that they've heard accompanies the loss of virginity (see [here](#)). "Sex

is more complicated for young women than for young men,” explains *Great Sex* advisory board member Louanne Weston, Ph.D. “They want to feel cherished, but often feel used. They fear for their reputations. They don’t want to be too easy or too hard to get. They fear pregnancy and STIs. And if they are among the 15 to 20 percent of women who have been sexually abused, they have deep psychological wounds that complicate everything about sex.”

Young men are sometimes depicted as exploiters of young women. Some are. But most young men are decent human beings who wish they knew how to be patient, creative, sensual lovers—but they don’t know because no one’s ever taught them how.

Despite major steps toward gender equality, most women still expect men to orchestrate sex, to initiate it, and then take the lead as things heat up. This puts men, especially sexually inexperienced men, under tremendous pressure. The result is often years of sexual awkwardness and unsatisfying sex fraught with problems, not to mention recriminations. “Guys feel this pressure to know it all,” Sugrue says, “but they don’t. Then, when things go badly, some men blame the woman, and many women assume the blame.” Meanwhile, often in private, women resent men for their sexual cluelessness.

Given the rarity of quality lovemaking instruction and the challenges of discussing sex, when couples finally settle down, after a year or so of sexual heat, they often fall into sexual ruts. The man knows that sex has lost its zing, but, he reasons, at least his equipment works, and his lover isn’t calling him a complete loser in bed. So he leaves well enough alone. Meanwhile, the woman knows that sex has become boring, but she may not feel comfortable asking for changes or taking charge to show her lover what she enjoys. If his equipment works, he can’t criticize her, so she leaves well enough alone. If she’s orgasmic, she counts her blessings. If not, she waits until he falls asleep, then takes matters into her own hands.

The good news: There’s a cure for boring sex. With some knowledge, communication, and caring, sex lives that have hit the doldrums can rebound and even surpass the level of heat they had in the beginning.

## FALSE REALITY

### THE MISLEADING MESSAGES OF PORN

**W**ant your honey to act like a porn star? Don't hold your breath. Pornography seriously misrepresents how women feel about sex and themselves. "It amazes me," says Great Sex advisory board member Dennis Sugrue, Ph.D., "how some men don't understand that pornography presents a fantasy world, a Neverland that's very different from the world real people live in."

Some fantasies it promotes:

**Fantasy:** Every woman can't wait to spread her legs.

**Reality:** In real life, compared with men, women usually need considerably more sexual warm-up time before they feel comfortable with genital sexuality. They need time for playful, creative, full-body sensuality. Porn totally ignores this very real need. Instead, it encourages men to plunge into intercourse long before women feel receptive. When surveys ask women what they dislike about the way men make love, they consistently reply that men rush into intercourse too quickly. Blame it on porn. Porn sex leaves many women cold—and turned-off women aren't much fun in bed.

**Fantasy:** A woman should look like a porn star to be considered sexy.

**Reality:** Porn stars' bodies are way too perfect. They have flat bellies; firm breasts, thighs, upper arms, and butts; no flab; and no wrinkles. Many have also had plastic surgery: breast enlargement, tummy tucks, liposuction—you name it. "Many men don't understand how most women compare themselves to porn actresses," advisory board member Louanne Weston, Ph.D., explains. "The typical woman feels very distressed that her body is nowhere near as flawless as what she sees on screen. Her man is sitting there thinking, 'I'd love a blowjob like that.' Meanwhile she's thinking, 'I'm a tub of lard.' When women see the men in their lives enjoying those women they often feel hopelessly outclassed. They fear rejection, and it's a deep and chilling fear, one few men appreciate."

**Fantasy:** Women love to flaunt their bodies.

**Reality:** The women in porn seem delighted to flash their breasts and genitals, and strut around naked just about anywhere. Few real women are exhibitionists. Because of their insecurities about their bodies, many women feel reluctant to reveal themselves even to the men they love. Meanwhile, men who view porn often expect their lovers to prance around in the buff and can't understand why they insist on wearing robes until just before slipping under the covers and want the lights off during sex.

**Fantasy:** Women are content to "receive" sex from men, with no hope of experiencing orgasm themselves.

**Reality:** Given that fewer than half of women express orgasm during intercourse, the fact that women in pornography almost never do is actually the X-rated media's only realistic element. After the man comes, known in the industry as the "money shot," the sex is over. The women scream and moan in the throes of supposed passion, but they almost never have orgasms. Imagine if the roles were reversed and you were in the throes of ecstasy only to be cut short once your lover had her orgasm. You'd likely feel disappointed. When women watch porn, that's how many of them feel.

The culture of porn has little interest in women's sexual satisfaction—most is produced by men for men. In addition, given the rushed, nonsensual nature of porn sex, under those circumstances, it's a rare woman who could come, even if she wanted to. No wonder so many men are in the dark about women's orgasms. They never see them in porn, and they have no idea that porn-style sex leaves many women so turned off and unfulfilled that they can't possibly express orgasm.

**Fantasy:** All women respond the same way in bed.

**Reality:** Pornography ignores the unique individuality of sexual expression. Porn sex is cookbook sex. Take two people. Get them naked. She sucks. He licks. Then they have intercourse in various acrobatic—and unrealistic—positions. Some people may enjoy making love this way, but most prefer more creativity. Porn never shows lovers massaging each other's shoulders, or running fingers through each other's hair, or tracing fingers on the backs of knees,

or sucking each other's fingers or ear lobes. All of these little moves add special zing to lovemaking. Pornography rarely shows eye contact, never zooms in to catch one lover whispering, "I love you." Nor does pornography ever show lovers asking each other, "Is this okay? How's this? Too light? Just right? Too intense?" Or "What can I do for you?" In porn, one script fits all. "Porn sex is very narrow," Klein says. "After a while, it gets boring. Great sex never gets boring."

## CARESSING AND BEYOND: EROTIC TIPS FOR MEN

Compared with men, women tend to become aroused more slowly—*much* more slowly. Arousal speed depends on many factors, including the woman's physiology and emotional state, the man's skill as a lover, and the state of the relationship and the rest of the woman's life, including stress levels and quality of communication.

Men should assume that they become highly aroused long before their lovers do. "It takes a good 20 to 30 minutes of creative erotic play for me to feel turned on enough for intercourse," says New York City sex educator Betty Dodson, Ph.D. "It takes many women longer." *Great Sex* advisory board member Linda Alperstein, Ph.D., agrees: "Men should slow down—then slow down even more. Before you reach for her breasts and genitals, savor the rest of her wonderful body. Cultivate an appreciation of her entire body."

As I emphasize throughout this book, total-body sensuality is the foundation of great sex. Most men can become highly aroused without much sensual play. But the vast majority of women *absolutely* need leisurely, playful, whole-body, massage-based sensuality to become sexually aroused. Many women also need other arousing enhancements. To build erotic anticipation, try adding these elements to lovemaking:

- Creative kissing
- Candlelight
- Mood music
- Showering together beforehand
- Clean sheets
- Little thoughtful surprises that show you care, such as flowers, love notes, or her favorite edible treats

## Whispered words of love

Some men become impatient with the “touchy-feely stuff” and simply want to plunge into intercourse, possibly fearing that the woman will change her mind. Big mistake. Imposing intercourse on an ambivalent lover is a prescription for lousy sex. She won’t feel aroused and won’t be responsive. She’ll think you’re a jerk. Her vagina won’t be wet and receptive, and you won’t slide in easily. She’ll feel pain rather than pleasure. But some creative caresses usually prevent all of these problems.

If you learn nothing else from this book, learn this: When making love with a woman, go very slowly and sensually, with an emphasis on extended, total-body, sensual massage. Gently run your fingers through her hair. Fondle her ears, her face, her neck, her shoulders, her arms, the small of her back, her buttocks, her sides, the backs of her knees. Use massage oil and take turns giving each other foot or hand massages. You may be surprised by how erotic these moves can feel. She’s sure to appreciate your patience, playfulness, and creativity—and to respond by becoming very turned on. Review [chapter 1](#). Once you’ve made a commitment to leisurely, playful, whole-body sensuality, here are some specific tips and ideas to consider.

**Consider lovemaking an erotic journey.** You don’t “give” her orgasms. You and your lover are traveling companions. But each of you is on your own individual erotic journey. Each of you embarks on lovemaking with your own sexual history, your own erotic fantasies, your own catalog of moves that turn you on—and off. And ultimately, each of you is responsible for your own orgasms, expressed from the depths of your own bodies and souls.

Many men judge their prowess as lovers by their ability to “give” women incredible orgasms. This is a noble sentiment, and a major improvement over the attitude men once had that sex was just about their own satisfaction, and not the woman’s. “But no one *gives* anyone else an orgasm,” Klein explains. “You can create the environment in which your lover feels relaxed enough and turned on enough to have one. But she releases her own orgasm. You don’t *give* it to her.”

Sex is an intimate dance. You don’t do it “to” her or “for” her, but rather *with* her, each of you dancing your own dance. Then, by dancing together, you turn the experience into something more than it could be for either of you solo. Too many men think they must choreograph every step completely for an essentially passive woman. This places undue stress on you and can become oppressive for her. Instead, encourage her to discover what turns her on.

Not that you should be passive. You’re deeply involved in her erotic dance. You provide the emotional context: love, warmth, safety, acceptance, patience,

playfulness, a sense of humor, and reactions to her moves. You also provide the physical context: warm breath and wet kisses, your naked body pressed against hers, your fingers, hands, tongue, and penis as sex toys available for her pleasure. But understand that while you both have the same erotic itinerary, her sexual journey is distinct from yours. Allow her to travel her own erotic road and discover what she finds arousing.

**Tell her how you feel.** Couples differ in the amount of conversation they enjoy during lovemaking. Some savor little verbal exchanges. Others find them distracting. Figure out what works best for the two of you. But as a general rule, it never hurts to tell a woman that you find her alluring, sexy, and beautiful.

Men love naked women. But many women have very mixed feelings about their bodies. Some even loathe their bodies. They may spend considerable time and energy obsessing about perceived flaws that you've never noticed. As a result, many women feel self-conscious about undressing in front of lovers and revealing their nakedness—and their flaws. Mass media have only made this worse. Compared with the perfect, young (and often surgically enhanced) bodies of supermodels and porn starlets they see on screen and in print, many women feel hopelessly inadequate, flabby, fat, and ugly. Reassure a lover by sharing your love and feelings of attraction: "I love you." "I don't want anyone but you." "You're beautiful." But brace yourself. She may dismiss your words as ridiculous: "Beautiful? I'm *not even close.*" Don't argue. Instead, accept the fact that some women are deeply critical of their bodies. Do what you can to persuade your lover that you accept her and cherish her—even with breasts and a butt she's convinced sag pathetically. Reassure her: "I know you have issues with your body, but I think you're beautiful."

**"Is this good?"** Women differ about how much coaching they like to do during lovemaking. Many appreciate when men check in and ask if various caresses feel good. Others find that a running commentary interferes with their pleasure and erotic focus. "Discuss this issue in a nonsexual setting," Alperstein advises. "Ask how much checking in she feels comfortable with."

When in doubt, talk with her. Ask if various moves feel good, especially when you're fondling her breasts, buttocks, and genitals. Be specific: "Is this pressure okay?" "Do you want it lighter?" "More intense?" "Take my hand and show me." Or, Klein suggests, you might provide a sample of one move, and then another, and ask her which one she prefers. As you ask for her coaching, don't hesitate to coach her yourself. Tell her or show her how you enjoy being touched.

"With a long-time lover, you might think you no longer need to check in," Sugrue says. "But sometimes she—or you—might be in a different mood and

want something a little different. I urge couples to check in about how sex is feeling no matter how long they've been together. There's no need to discuss every little detail, but it never hurts to say, 'Is this okay?'"

**Savor sensuality—with your clothes on.** In pornography, lovers can't wait to strip. For young people in the heat of new love, this may be appealing. But as lovers and relationships mature, the allure of clothing tossed all over the place usually fades. Try starting your lovemaking *before* you undress:

- Cuddle close on the sofa
- Share a glass of wine or a sweet treat
- Run your fingers through her hair
- Hold hands
- Interlace your fingers

Take time to begin the process of shedding everyday stresses and wading into the warm waters of the erotic.

**Luxuriate in undressing each other.** "Ripping each other's clothes off is a male thing that often short-circuits women's pleasure," Weston explains. "Many women enjoy undressing slowly and gently in stages, with lots of sensuality in between. It helps them become aroused. Many women have told me that they enjoy dancing a striptease for their lovers. The men get to see a woman stripping, which they like. And the women get to control how they undress and extend the process, which helps them become aroused." Some women enjoy dancing a striptease, while others are too self-conscious to enjoy it. And some are self-conscious but are willing to do it because it allows them to control the speed of undressing.

**Beware of tickling.** Being tickled can be fun, but in lovemaking, ticklishness usually means discomfort, as well as distraction from the erotic focus and the relaxed deep breathing that are fundamental to great sex. Individual women have different spots that may feel ticklish. Often, ticklishness depends less on the spot and more on the way it's touched. A finger tracing figure-eights on a woman's belly might feel uncomfortably ticklish, while a warm palm placed gently on the same area might not—especially if she places it there for you. If you hit a ticklish spot, or do anything that causes discomfort, stop what you're doing or offer her your hand, and say, "Show me how you like to be touched there."

**Keep it lighthearted.** While sex can seem like serious business, it's also important to maintain a playful, lighthearted attitude. At its best, lovemaking is adult play. Leave room for fun, joking, and laughter.

**Explore the subtleties of kissing.** “Women often value kissing more than men do,” Weston says, “and feel disappointed that men don’t appreciate this aspect of lovemaking.” Don’t just clamp your lips on hers, or thrust your tongue into her mouth and leave it there. Think of kissing as a dance of lips, tongues, and moist, warm breath. Brush her lips with yours. Gently nibble hers. Trace a finger around her lips, and run your tongue over them. Let your tongues play with each other as they dart in and out of your mouths. The poet Percy Bysshe Shelley defined kissing as “soul meeting soul on lovers’ lips.” Put some soul into it.

**Turn up the heat.** Not just the erotic heat—turn up the temperature in your bedroom. In the movies and pornography, people make love in all sorts of highly exposed places: on top of the covers, on sofas and living room floors, sprawled over desks and tables—virtually anywhere. As a result, many men get the idea that the best sex is gloriously exposed sex. But few real women enjoy lying down naked on the 17th fairway. Recall that most women feel ambivalent about their bodies and don’t relish having what they consider to be their innumerable flaws revealed. In addition, lawns, pools, and even sofas are rarely as comfortable as beds. Finally, women get cold, and feeling cold is a major sexual turn-off.

Except during the years women spend in menopause and during late pregnancy, the typical woman feels colder than the typical man. Compared with women, men carry a greater proportion of their body weight as muscle. Muscle is metabolically active and generates heat. As a result, men can feel perfectly comfortable in a room while all the women are reaching for sweaters. The same goes for lovemaking. “The man might feel comfortable on top of the bedspread,” Weston says, “but chances are the woman wants to snuggle under the covers.” Take her comfort seriously. Turn up the thermostat. Or keep a small space heater in the bedroom. If the room is warm enough, she may even be willing to do it on top of the bedspread, where you can enjoy the sight of her uncovered body.

**Plan ahead for lovemaking.** The myth is that spontaneous sex is best, that lovers should melt into each other’s arms. That looks good in the movies, but in real life, spontaneous sex is rarely great sex. To relax and feel fully present for a lover, preparation helps. “The anticipation of sex is an important part of the experience for many women,” Alperstein says.

**Be clean.** “Growing up, women are told: ‘It’s dirty down there,’ ” Alperstein explains, “so compared with men, women tend to be more sensitive to issues of personal cleanliness. In therapy, I’ve had lots of women complain that men had bad breath or body odor, or if they’re uncircumcised, didn’t wash under their foreskins. These are huge turn-offs for women.” Take some extra time for

personal hygiene. Brush your teeth, clean and trim your fingernails and toenails, and shave or trim facial hair—she'll appreciate your efforts. And why not shower together before sex? In addition to washing, showering is a sensual, total-body activity that piques arousal and helps lovers enjoy sex.

Many women want to urinate before making love, and if they're prone to urinary tract infections, they should. Urinating before, as well as after, sex helps prevent infections.

**Consider contraception.** If you and your lover use condoms, open the wrapper in advance. This saves time later and reduces the risk of tearing the condom in the heat of passion. If you use a diaphragm, she may prefer to insert it beforehand in the bathroom. Or you can share the process by putting on the spermicide for her.

Use this time to assemble any sexual enhancement you enjoy. Light candles. Turn on some music. Place lubricant and any sex toys you enjoy within easy reach.

**Start slowly.** When you first join each other in bed, don't pounce on her and immediately start groping her breasts. Savor the moment. Hold her close. Feel each other's warmth. Then slowly begin total-body sensual explorations. Remember: Every square inch of flesh is sensual playground. Explore the entire area.

**Handle breasts and nipples with care.** Nipples are very sensitive, especially just before menstruation and during pregnancy. If you treat them callously, you risk turning off the woman and destroying your erotic connection. Unless she specifically requests otherwise, caress her nipples very lightly with your fingers, lips, and tongue. Once aroused, some women enjoy somewhat firmer nipple fondling. But don't pinch or bite. Ask her what she enjoys. "Men are often so delighted to have a woman's breasts and nipples to play with that they forget there's a person attached to them," Klein says. "Men should treat women's nipples as tenderly as they like their scrotums treated."

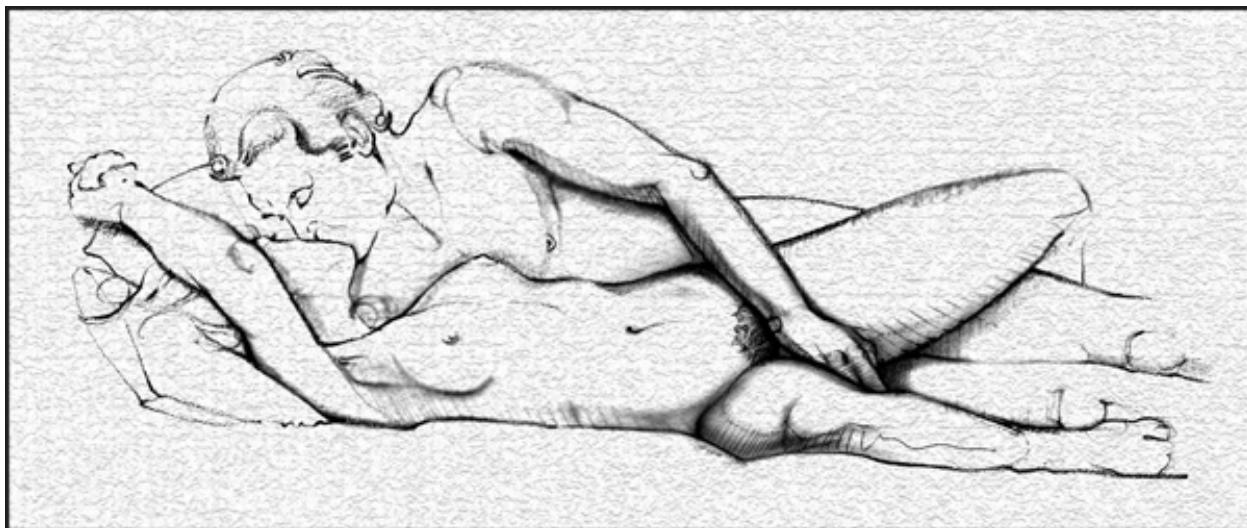
**Hold off reaching between her legs.** It takes most women quite a while to become sensually aroused enough to welcome genital caresses. That's the whole point of leisurely, playful, whole-body sensuality. Touching everywhere else first allows women the time they need to warm up to sensual pleasure and to feel receptive to genital explorations.

How long should you wait before you start gently caressing her vulva? Unless she requests otherwise, engage in nongenital, total-body sensuality for at least 30 minutes. "I often ask men if they remember how aroused they felt as teenagers holding a girl's hand, kissing, and embracing," Weston says. "You can still feel that way. Women need the warm-up time. It also enhances sex for men."

Now, some men like their penises fondled early in lovemaking. That's fine. But instead of asking directly, some men try to communicate this desire obliquely by reaching between the woman's legs, hoping that she'll take the hint and reach between his. Meanwhile, if the woman feels like her lover reaches for her genitals before she feels ready for such intimate touch, she might make a point of *not* reaching for her lover's penis early on, hoping that he'll take the hint and refrain from doing the same to her.

If you like your penis stroked shortly after the first kiss, just say so: "I'd love it if you would start stroking my penis almost as soon as we get started." Then ask how much nongenital caressing your lover would like before you touch or kiss her between the legs. Better yet, make this offer: "Sometimes I'm not sure when you feel ready to have me touch you between the legs, so I'm not going to—until you take my hand and move it down there." For many women, especially young women in bed with overeager young men, this would be an erotic godsend.

**Be very gentle with her vulva.** In porn, the men often pry open a woman's vagina and then poke enthusiastically—and painfully—at her clitoris. Colossal mistake. Review the discussion of women's sexual anatomy in [chapter 7](#). When you touch her outer vaginal lips and the area right around her vagina, it's as though she's touching your scrotum. When you touch her inner lips, the urethral sponge between them, and the entrance to her vagina, it's as though she's stroking the shaft of your penis. And when you touch her clitoris, it's as though she's playing with the head of your penis—only her clitoris is considerably more sensitive because it has more nerve endings concentrated into a much smaller area. Once you're clear that she's ready to have her vulva caressed, treat it very tenderly.



Be creative when caressing her vulva—use more than just your fingers.

Instead of digging your fingers into her vulva, snake a hand between her legs, cup her buttocks in your palm, and let your wrist and lower forearm press against her vulva. Then invite her to “ride” your wrist or the heel of your hand. There’s no need for you to move much. Let her move, pressing her vulva into your arm. Remember: You’re not doing sex “to” her or “for” her. Encourage her to explore her own sexuality *with* you. You might also gently slip a leg between hers and invite her to ride your knee or thigh. After a while, her emerging lubrication should make your arm or leg begin to feel moist. Remember: This means she’s just beginning to feel aroused. Continue pressing your arm or leg gently against her vulva as you gently massage the rest of her.

Concentrate on her whole body, not just her breasts. As she becomes more aroused, her breathing should deepen. After a while, slowly place your palm against her vulva, with the heel of your hand over her clitoris. Invite her to press herself into your hand. Then slowly begin moving your fingers. Don’t pull her vaginal lips apart. As she becomes aroused, they’ll part on their own. Your fingers can eventually slide between her lips and massage her urethral sponge and clitoris.

As you make these moves, check in with her: “Is this okay?” Welcome any coaching she offers. “Men often go at women’s genitals vigorously because they want to please women so much and think that’s the way to do it,” Klein explains. “I often tell men that when it comes to caressing women’s genitals, less is often more.”

**Be super-careful with her clitoris.** Remember: Her clitoris is much more sensitive to touch than the head of your penis. Be extremely gentle with it. Some women don’t even like theirs touched directly, preferring caresses around it rather than direct stimulation. Just as each woman is built differently, everyone has their own preferences for how they like to be touched. Check in about your clitoral caresses: “Is this okay?” “Lighter?” “Faster?” As women approach orgasm, some enjoy more vigorous clitoral touch. Ask her about this. But when in doubt, err on the side of gentleness.

**Go easy on her G-spot.** If she’s interested in G-spot massage, wait until her vagina is well lubricated (either naturally or with a commercial lubricant) to slide in your finger or a G-spot sex toy. If you use a finger, place your palm on her vulva and slip your middle finger gently inside her. Hook it a bit so that your fingertip presses against the front wall of her vagina (the upper wall, if she’s lying on her back). There’s no need to reach too far inside. The G-spot is only a couple of inches inside. Remember: The G-spot is not just a spot, but an area

that varies from the size of a dime to the size of a quarter. Gently massage the tissue your middle finger can easily reach, feeling for an area that's a little firmer than the surrounding tissue. Check in about how your explorations feel. If you use a G-spot sex toy, insert it about the length of your middle finger, with the curved end up. Invite her to position the toy where it feels best.

During G-spot massage, many women feel a need to urinate. This happens because the urethra runs through the urethral sponge, so massaging the G-spot triggers urethral sensations that many women interpret as the urge to urinate. In some women, this urge subsides with continued G-spot massage. In others, it does not—and concerns about urinating may distract them from erotic pleasure. Women concerned about urinating during G-spot stimulation should do so before sex so they know their bladders are empty. They might also practice Kegel exercises, which were originally developed to treat female incontinence (see [chapter 2](#)). Kegels not only help prevent urine leakage, they also enhance orgasm.

**Build anticipation for oral sex.** Head south slowly. Kiss and massage your way down. Allow her to build anticipation of cunnilingus. For more on cunnilingus technique, see [chapter 11](#).

**Postpone intercourse.** A wet vagina does not mean she's necessarily ready. I cannot emphasize this enough. All a moist vagina means is that she's *beginning* to become sexually aroused. When are women ready for intercourse? That depends on the woman, the sexual situation, and your skill as a lover.

Here are some of the most erotic words a man can whisper into a woman's ear during lovemaking. "I'm not going to attempt intercourse until you invite me in. I'm happy to wait until you feel really ready. In the meantime, we can have lots of fun." Women prefer lovemaking that's not too rushed or too preoccupied with having intercourse too soon. Some women approach sex expecting to feel rushed, dissatisfied, irritated, and even used. "What a gift to tell a woman you're happy to wait until she says she's really ready," Weston says. "It shows that you're a good lover, that you understand women's sexuality. It allows her to relax and feel accepted and understood. It allows her to become aroused and passionate." And it allows you both to enjoy great sex.

**Breathe deeply.** Deep breathing is relaxing and helps sex proceed comfortably and enjoyably. Deep breathing also produces those little love moans that tell a lover you're turned on. That knowledge is contagious. Unfortunately, many lovers stifle the body's natural tendency to breathe deeply during lovemaking. Stifling that urge contributes to stress, which, in turn, interferes with her ability to become aroused and express orgasm. It also challenges your ability to raise an erection, maintain it, enjoy ejaculatory control, and then come

when you want to. Let yourself breathe, letting go of breath control, and go where your sexual arousal naturally takes you: to breathing deeply.

**Forget foreplay.** The term “foreplay” should be banished from your sexual vocabulary. Foreplay implies linear lovemaking: first you kiss, then you place your hands on her breasts, then between her legs, then proceed to intercourse—and then sex is over. But great sex isn’t linear. You might enjoy intercourse for a while, then return to oral play, G-spot massage, or hand jobs, or take a break and enjoy a little snack before returning to intercourse again and alternating it with other moves. Great sex includes some unpredictability. It’s not simply a one-way drive downfield to the end zone of intercourse.

**Encourage orgasm—her way.** Support her to have an orgasm any way it happens for her. Remember: Fewer than half of women regularly express orgasm from intercourse alone, no matter how long it lasts, and no matter the size or shape of the man’s penis. Assuming that vaginal intercourse is well lubricated and happens in the context of total-body sex, most women enjoy intercourse a great deal—even if it’s not always the path to orgasm.

Most women need direct clitoral stimulation or stimulation around the clitoris, along with some loving vulval and whole-body caresses. Remember: Orgasms come from deep within her. Your mission—and what a fun-filled mission—is to help her feel relaxed, accepted, supported, and comfortable enough to express them. There’s no “right” way for women to express orgasm. There’s nothing wrong with the majority of women who don’t express orgasm during intercourse—nothing at all. Some women who can come during intercourse prefer to get there another way: with finger massage, oral sex, or a vibrator. Any way she likes is fine. In basketball, it doesn’t matter what plays the offense uses to move the ball down-court. What matters is getting the ball through the hoop, and having fun doing it. The same goes for women’s orgasms.

Realize that many women feel inadequate—and often embarrassed—if they need hand massage, cunnilingus, or a vibrator to have orgasms, especially if they require prolonged stimulation. Reassure her that you’re with her all the way and don’t care how she gets there or how long it takes. When you’re supportive, she’s more likely to feel accepted and relaxed—and she’s more likely to express orgasm.

If she needs a vibrator, welcome it into your lovemaking. Don’t put her down for needing one. Because vibrators deliver very intense stimulation, most women prefer to use them on themselves. If so, cradle her in your arms, hold her close, kiss her, caress her, or do anything you both enjoy while she presses the vibrator against her vulva. “It’s no reflection on the man if a woman needs a vibrator to come,” Alperstein explains. “That’s just how some women are. Men have so

much invested in being good lovers, but often too narrow an idea of what that means. Great sex is not about bringing her to orgasm during intercourse. It's about enjoying your intimate time together, giving and receiving pleasure." You may want to ask her if she'd like you to hold the vibrator for her. If she does, also check in with her about how, where, and with how much pressure she'd like it to touch her.

**Invite feedback.** Most couples want to discuss their lovemaking—but don't. The subject can be difficult to raise, especially if one partner has complaints about the other's moves. Timing is also an issue. Some couples are reluctant to discuss sex immediately afterwards for fear of ruining it. If you'd rather discuss your lovemaking at some other time, that's fine. But afterglow is a good time to discuss what just happened. "After sex," Weston explains, "there's no need to have a Major Talk about sex. Just mention a few things you particularly enjoyed. Everyone likes compliments. And if you'd like anything changed, say, 'And next time, do you think you could—?' Keep it lighthearted, simple, and straightforward. Then ask, 'Is there anything you'd like me to do differently for you?'"

## APPRECIATE AFTERGLOW

Like kissing, afterglow rarely gets the sensual respect it deserves. Most lovers focus on the "after" when they could have more fun—and feel more intimate—if they nurtured the "glow." Many women complain that after orgasm, men just roll over and fall asleep, or else they jump out of bed on their way to their next obligation. Instead, try exploring the unique possibilities of postorgasmic sensuality:

- Hold each other close
- Kiss and stroke each other in unexpected places
- Try some light facial massage, which can feel wonderful, especially if you gaze deeply into each other's eyes

For a final touch, sensuality educators Kenneth Ray Stubbs, Ph.D., and Louise-Adrée Saulnier recommend cupping your palms gently over your lover's ears. Closing off external sounds ushers the recipient into a womblike world of breath and heartbeat.

Play with afterglow. Make it special. "Many men don't understand how important afterglow is to many women," Klein explains. "Women often want reassurance that the experience you just shared was important and special. A few minutes of loving, tender afterglow provides that reassurance."

# **BOOST HER CHANCES OF ORGASM DURING INTERCOURSE**

Most people have intercourse in only a few positions. The most popular include man-on-top, woman-on-top, rear entry, and spooning. If you're interested in exploring the many other possibilities, order erotic books or videos (see Resources). Positions work differently for individual couples, depending on the shape, angle, and size of the man's penis and the woman's vagina. Different couples also have unique personal preferences.

Fewer than half of women regularly express orgasm during intercourse. They need direct clitoral stimulation. On the other hand, many couples love the special closeness of intercourse and, if possible, want the woman to express orgasm during that special connection. Fortunately, three of the four most-popular positions—all but man-on-top—allow men to provide direct clitoral stimulation quite easily. And for some women, a variation on the fourth position also increases the woman's likelihood of orgasm during intercourse.

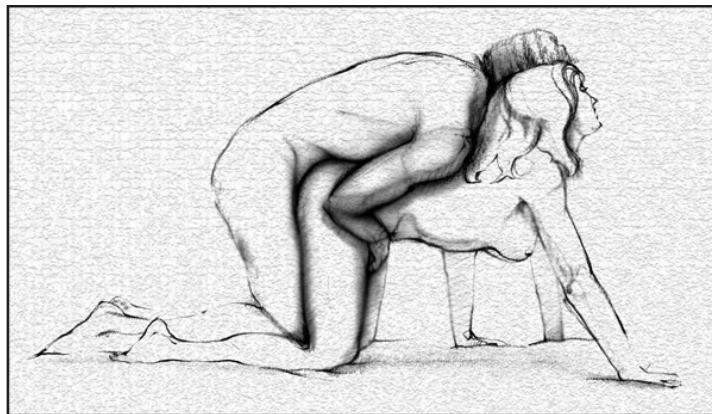
## **WOMAN-ON-TOP**

You lie on your back with your legs together. She either kneels straddling your hips or lies on top of you with her legs apart. Many men enjoy this position. It contributes to ejaculatory control. It leaves both lovers' hands free for sensual massage over much of the body. And it allows her to reach back and fondle your penis and scrotum during intercourse. This is a good position if the man is much larger or heavier than the woman or if he has a bad back or a knee injury.

To help her have an orgasm in this position, she should kneel with her legs on either side of your hips. Make a fist and place it at the junction of your pelvises. Then she can press her clitoris and vulva into it, which may provide enough direct clitoral stimulation for her to express orgasm. In this position, she can also easily use a vibrator on her clitoris during intercourse. "Vibrators are a great boon to couples who want the woman to come during intercourse," Weston says.



Many women enjoy the freedom of movement the woman-on-top position provides.



In the rear entry position, you can reach around to the front of her body and massage her clitoris and vulva, or she can use a vibrator.

### **REAR ENTRY (DOGGIE-STYLE)**

She's on her hands (or elbows) and knees. You kneel or stand behind her. This position allows both of you to move freely. She can try to reach between her legs and fondle your erection and scrotum during intercourse.

However, rear entry may cause her pain. This position allows unusually deep penetration. The head of your penis may bang into her bladder or cervix, the neck of the uterus that protrudes into the back of the vagina. This may cause her sharp pain on contact or diffuse abdominal pain during or after intercourse. Sex should *never* hurt. If this position causes her pain, consider eliminating it from your sexual repertoire. Or stay still, and let her do all the moving until you both know at what depth of insertion she begins to feel discomfort. Once you know, don't cross that line. The protrusion of the cervix into the vagina depends on where a woman is in her menstrual cycle—it usually feels larger and softer around ovulation, in the middle of her monthly cycle. This means that deep

penetration might be more comfortable sometimes than others. When in doubt, ask.

## **SPOONING**

You both lie on your sides, with her back against your chest. Her legs can be bent at the knees or spread, with the foot of her top leg flat on the bed. Your hands are free to caress her. Including clitoral massage may allow her to have an orgasm during intercourse. Or she can use a vibrator.

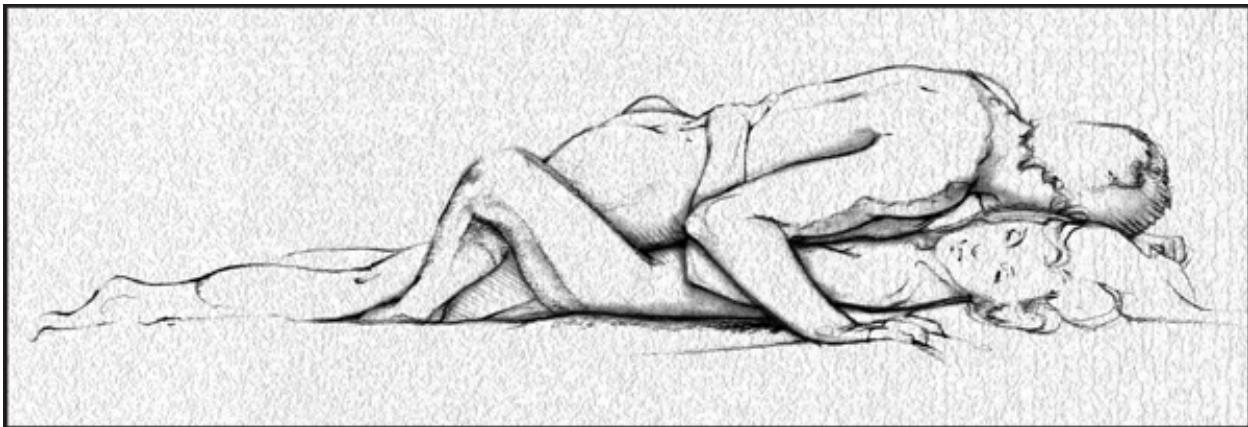
## **MAN-ON-TOP (MISSIONARY POSITION) WITH THE COITAL ALIGNMENT TECHNIQUE**

In the traditional man-on-top position, she's on her back, with her legs bent and spread, and you're on top of her. Some women love to feel the weight of their lover on top of them. Others dislike feeling pinned down—especially if the man is considerably bigger or heavier. Meanwhile, this position can be physically demanding for men, because they have to use their arms and legs to hold themselves up. As a result, when on top, many men have trouble maintaining ejaculatory control or erection. For longer-lasting erections, the woman-on-top position is usually better.

The regular version of the missionary position does not provide enough direct clitoral stimulation for most women to express orgasm. Unlike the other popular positions, neither partners' hands are free to provide the necessary stimulation. In this position, using a vibrator on her clitoris is also problematic. But with a little adjustment of missionary-position intercourse, some women can express orgasm. The adjustment is known as the coital alignment technique (CAT).

The CAT, first publicized in 1988 by sex researcher Edward Eichel, is simple: Instead of lying directly on top of your lover, chest-to-chest, with your penis moving in and out more or less horizontally, you shift forward and to one side of her so that your chest is closer to one of her shoulders. With this minor change, your penis moves more up-and-down, and your pubic bone, at the base of your penis, makes more contact with her clitoris, possibly providing enough stimulation for her to express orgasm.

Eichel's study of the CAT led to a brief flurry of media attention and a book, *The Perfect Fit*. But the CAT quickly faded from popularity and by the early 1990s, it was largely forgotten. But quietly, research continued. A 2000 report in the *Journal of Sex and Marital Therapy* largely affirms what Eichel asserted a dozen years earlier: The CAT increases women's likelihood of orgasm during man-on-top intercourse.



The coital alignment technique may provide enough direct clitoral stimulation for her to express orgasm.

In one study typical of several in this report, researchers worked with 36 women who were unable to express orgasm in the missionary position. They and their lovers enrolled in an 8-week sexual enrichment course that taught total-body sensuality. In addition, 17 of the women were encouraged to masturbate between lovemaking sessions to become more comfortable with their sexual responsiveness. The other 19 couples were taught the CAT. The masturbation group reported a 27 percent increase in orgasm during missionary-position intercourse. The CAT group reported twice the increase—56 percent—just from changing their alignment with their partner.

Of course, the CAT in no way guarantees orgasm during intercourse. For many women, it just doesn't happen, period. However, the CAT improves some women's ability to have orgasms during man-on-top intercourse.

## RECOGNIZING HER ORGASM

Men's orgasms are hard to miss. In the vast majority of cases, the pleasurable pelvic muscle contractions of orgasm happen at the same time as ejaculation, when semen spurts out of the penis. Sometimes this feels like a whole-body convulsion. Other times it feels less intense and more localized in the penis. Nonetheless, few men ever wonder: Did I come?

The situation is different for women, whose orgasms occur internally. Some women ejaculate fluid (see [chapter 7](#)), but most do not. Others experience hip thrashing that's hard to miss. But some experience more subtle orgasms, small spikes in arousal, or possibly no spikes, but rather a higher plateau of arousal that may last longer than textbook orgasms. And others have difficulty

expressing orgasm at all. As a result, some women, particularly sexually inexperienced women, wonder: Did I come? Many men also wonder about this.

The vast majority of men want to have an orgasm every time they are sexual. This is less true for women. “The first thing men need to know about women’s orgasms,” Sugrue explains, “is that not every woman wants or needs one every time. Most do, but many don’t. Sometimes sensual closeness is enough, and the woman just isn’t in the mood to do the work necessary to come. This is often very hard for men to understand. But men need to get this. If you’re a sensual lover and she decides she’s okay without an orgasm from time to time, that’s okay. It’s no reflection on your skill as a lover. Orgasm should be a pleasure, not an obligation.” Don’t pressure her to pursue orgasm if she’d rather not. Accept her decision. If she values physical and emotional closeness more than orgasm, give her what she wants—lots of cuddling and intimacy.

## MOCK-INTERCOURSE (OUTERCOURSE)

This variation of the woman-on-top position is not technically intercourse because your penis is not inside her vagina. However, with sufficient lubrication, most men say mock-intercourse *feels* like the real thing, while providing something many women enjoy—clitoral stimulation, even to orgasm, by their lover’s erection.

You lie on your back, and your lover lies on top of you, spreading her legs extra wide. But instead of sliding your penis inside her, she presses her vulva against it. Assuming that both her vulva and your erection are well lubricated, a little hip grinding allows your erection to slip into the groove between her inner lips. As you both move against one another, the shaft of your erection presses against her urethral sponge, and the head of your penis rubs against her clitoris. This often provides enough direct clitoral and vulval stimulation for her to have an orgasm.

Many perfectly healthy, sexually normal women have trouble expressing orgasm. In other words, you may have trouble recognizing her orgasms simply because she doesn’t have them. In the University of Chicago survey discussed in the Introduction, approximately 25 percent of women aged 18 to 59 said they had difficulty expressing orgasm. In the University of California survey mentioned in the Introduction, the figure was 14 percent. Men need to be prepared for the possibility that a lover has difficulty expressing orgasm or doesn’t come at all. Raise this issue gently. Tell her you know that some women have trouble with orgasm, and that if orgasm is a problem for her, you won’t judge her, but you want to help her to learn how to have them. “If she has trouble with orgasm,” Klein says, “you might be the first guy who didn’t make her feel bad about it, the first guy she could talk to about it, the first guy who didn’t make

her feel like she had to fake it. I guarantee she'll never forget you." To help women learn to express orgasm, see "["Help for Pre-orgasmic Women"](#)".

Men also need to understand that many reliably orgasmic women rarely, if ever, have them during intercourse. Sometimes the cause is rushed, nonsensual lovemaking. But even with men who are skilled, sensual lovers, quite a few women simply cannot express orgasm during intercourse. The variations on intercourse positions described earlier in this chapter increase the likelihood that a woman will be able to come during intercourse—but they don't guarantee it.

Men may have difficulty recognizing women's orgasms because they're portrayed unrealistically in the media. On-screen orgasms are wild and dramatic. She pants and moans in a steadily rising crescendo of excitement and urges her lover on: "Faster, oh, harder, ooooh, more!" Then, just to make sure the audience knows what's happening, she arches her back and often announces, "I'm cominnnnng!" Media orgasms are scripted to be obvious. They are also fiction.

If women are, in fact, orgasmic, their orgasms are usually similar to men's, except that most women don't ejaculate. In both sexes, orgasm is the result of a quick series of wavelike muscle contractions of the pelvic floor muscles, particularly the pubococcygeus (PC), the one strengthened by Kegel exercises. These muscles are quite similar in both sexes. They circle the anus and genitals. During orgasm, they contract several times in rapid succession over a few seconds.

To tell if a woman has come, simply look for the signs you experience yourself:

1. Faster, deeper breathing
2. Increased hip movement
3. More vocal sounds of arousal
4. Involuntary pelvic, hip, and leg spasms
5. Vaginal and/or anal contractions, noticeable in some women
6. A release of breath and tension as the orgasm subsides

Rosemary Basson's research, however, shows that some women's orgasms feel different (see [here](#)). A woman who does not have textbook orgasms has nothing wrong with her. Never criticize a woman for having "weird" orgasms. That will only make her feel self-conscious and anxious—and less likely to come. Some other ways to tell:

**Play telegraph.** If you're not sure you can recognize a lover's orgasms, invite

her to play telegraph. “It’s a way for a woman to tell a man how she likes to be caressed without having to give verbal directions,” Weston explains. “She massages a nonsexual part of you—your neck or arm or hip—the way she’d like you to caress her vulva and clitoris. If she lightens up, you go lighter. If she strokes you more intensely, you caress her the same way. Playing telegraph allows her to get the stimulation she wants without having to say anything.

**Watch her masturbate.** You can also suggest that she use her hand or a vibrator, so you can see how she comes. Many women—and men as well—feel too embarrassed to do this. They consider masturbation a completely private pleasure. That’s their right. But if a woman is willing, it can provide valuable information about how she likes to have her genitals caressed and how she expresses orgasm. It also may deepen the intimacy between you. What’s more intimate than sharing masturbation, our most private pleasure?

**Masturbate together.** Because it’s so intimate, sharing masturbation can also be a major turn-on. Your lover might be interested in seeing the kind of stimulation that brings *you* to orgasm, especially if you experience any ejaculatory difficulties (see [chapter 6](#)). “If there’s anything I’ve learned over the last 50 years,” New York City sex educator Betty Dodson, Ph.D., explains, “it’s that for partner sex to be good, the woman must know what she wants and be able to show her lover. Women have to teach men about how they respond sexually. That’s the opposite of what typically happens—young men who know little or nothing about sex end up taking the lead, and young women blame themselves when they can’t have orgasms, which sets up a pattern of frustration that may last for life.”

**Just ask her.** If you think a woman might have had an orgasm but you’re not sure, you could ask, “Did you come?” Ideally, she’ll feel comfortable enough to reply honestly. But some men have trouble with this question because it reveals that they’re unsure about something they think they should already know. Meanwhile, Dodson explains, many women dread this question: “One reason women hate this question is that many don’t have orgasms during intercourse. Since men often measure their sexual ability by women’s responses, a woman who doesn’t have orgasms during intercourse often worries that the man may lose interest in her. That’s a big reason why women fake orgasms. Another reason women dislike the question ‘Did you come?’ is that when men ask it after they ejaculate during intercourse, women resent the fact that men didn’t provide direct clitoral stimulation.”

In sex, as in the rest of life, it’s easier to say yes than no. Here are better questions to ask her: “Do you need any more?” “Is there anything else I can do for you?” These questions show that you’re open to providing her with more

stimulation. If she hasn't expressed orgasm, asking her in this way makes it easy for her to say, "Yes, I need more."

**Be patient.** Like men with ejaculatory difficulties (chapter 6), some women who are orgasmic take quite a while to get there—and become anxious that the man is getting tired or bored, or becoming resentful. This anxiety only makes women take longer. Some men are gracious about this, while others are impatient: "Come on, already . . ." Check in with your lover about this. Reassure her that you're committed to creating the emotional and physical environment that allows her to express orgasm, even if it takes a while. Then ask if there's anything you can do to make your intimate time together more arousing for her. Concentrating on more total-body sensuality before you focus on her genitals, or making some adjustments in your genital caresses may make all the difference.

**Offer her a vibrator.** You might also suggest that she supplement your stimulation with a vibrator. As long as you're committed to leisurely, playful, total-body sensuality, and as long as the two of you feel comfortable requesting the sexual moves that you find most arousing, her need for a vibrator is no reflection on her responsiveness or your skill as a lover. Some women need vibrators to express orgasm. That's normal. If she needs a vibrator, welcome it into your lovemaking, and support her using it. Accept her for who she is. Offer to hold her close and gently caress her as she uses the vibrator on herself.

One final note: As they begin to express orgasm, some women—and men—enjoy continued stimulation, perhaps more or less intense than it was before. Others prefer little or none at all. Ask her how she likes to be caressed during orgasm, and tell her how you enjoy being caressed during yours.

## IN THEIR OWN WORDS

### WOMEN DESCRIBE THEIR ORGASMS

For their book, *The Good Vibrations Guide to Sex*, Cathy Winks and Anne Semans asked dozens of women to describe their orgasms. Here's a selection of their responses.

- "Some are just a quick hard rush that shoots through my body like a bolt of lightning. Others feel like a slow burn. They build up over time. They tease me. They float up and down my body, spreading out like concentric circles until there's a burst of release."
- "Different orgasms involve different parts of my body—my back, buttocks, different parts of my

legs. I have to move my legs in order to come.”

- “My orgasms feel like water shooting up through the top of a fountain, tickling all the way, then shooting out in electric vibrations through my body.”
- “For me, orgasm is often this very still point. There’s lots of movement as I’m getting increasingly excited, but when I come, everything becomes intense and still.”
- “Orgasm is the most intensely pleasurable sensation I have ever experienced. It varies from a simple, too-quickly-concluded genital jolt to a full body rush.”
- “Sometimes orgasm feels very concentrated in my genitals. Other times, it’s totally diffuse throughout my body. Sometimes, if I’m stressed out, it just feels like a physical release. When I’m relaxed, I feel like I’m floating in a place where there is no time and space.”

## MULTIPLE ORGASMS?

Masters and Johnson discovered that some women are able to experience several orgasms in a row. Since then, multiple orgasms have become a sexual Holy Grail. Many women want them and believe something is wrong with them if they can’t have them. Meanwhile, some women who can have them prefer to stop at one, but wonder if something’s wrong with that preference. And many men want to “give” women multiple orgasms and can’t understand why their lovers can’t have them or don’t want them.

What are multiple orgasms? In both men and women, a single orgasm consists of a quick series of 3 to 10 muscle contractions. All these contractions together make up *one* orgasm. The small percentage of women who are capable of multiple orgasms have one series of orgasmic muscle contractions and then, shortly after, with continued stimulation, they have another.

It’s not known exactly how many women can experience multiple orgasms, but the number is small. It’s much more common for women not to express orgasm at all. In addition, many women have no interest in pursuing multiple orgasms. Just because you can eat four dishes of ice cream doesn’t mean you want them. Many people feel satisfied after one. “I’m more into quality than quantity,” Weston says, “If a woman can have more than one, and wants to, fine. But sex shouldn’t revolve around a quest for multiple orgasms. It should focus on mutual pleasure, even if it stops after one orgasm—or none.”

On the other hand, some women are capable of learning to express multiple orgasms. Dodson taught herself how: “The first time I heard about multiple orgasms,” she recalls, “I felt left out. It sounded wonderful, like a string of pearls. At the time, I never had more than one orgasm when I masturbated. My clitoris was always too sensitive to touch afterward. Then one night, I still felt turned on after coming, but my clitoris felt too sensitive to continue. Suddenly I

flashed on the idea of panting the way women are taught in childbirth classes to help them cope with labor pain. I began doing the same thing, and discovered I could keep going with lighter clitoral touch. Soon I was into another sexual buildup. I deepened my breathing, and moved through what I'd once considered painful sensitivity into a new experience of pleasure—and another orgasm."

If your lover would like to explore the possibility of multiple orgasms, Dodson advises encouraging her to experiment solo during masturbation. If she's eventually able to express multiple orgasms, she may or may not want them during partner sex. Support her decision. If she's open to sharing her multiple orgasms with you, Dodson suggests that she first show you how she caresses herself to express them, and then coach you to provide the stimulation she needs. After her first orgasm, be *extra-gentle* with subsequent clitoral stimulation.

"If multiple orgasms happen, fine," Klein says. "Enjoy them. But if not, don't give it another thought."

## SUPPORTING HER

### WHAT TO DO WHEN SEX IS A CHALLENGE FOR HER

Like most men I know, I always wished the women I was involved with would jump into bed without coaxing, throw themselves enthusiastically into the horizontal dance, and have a great time in bed with no complaints. I learned that this is a fantasy. Sex is complicated—especially for women. Many women have sexual baggage that interferes with their erotic enjoyment and satisfaction—and might limit yours as well. Some experience pain during intercourse. Others have difficulty expressing orgasm, or can't at all. Some are anxious about sex because they're virgins or because you're a new lover. And some have survived sexual trauma—but may not have fully recovered. (See [chapter 10](#).) In these situations, things might not proceed as smoothly and marvelously as you'd like. The bad news is that pain during intercourse, orgasm difficulties, and new-lover anxieties are quite common among women. But the good news is that men can do a great deal—often pretty easily—to help women overcome these sexual challenges.

### **PAIN DURING INTERCOURSE**

Forget those song lyrics about how love “hurts so good.” Lovemaking should *never* hurt women. Some overeager men feel so ready to plunge into intercourse that they ignore or dismiss women’s complaints about discomfort and pain. Big mistake. If sex hurts her, she can’t become aroused or responsive, which means unsatisfying sex for both of you. She’s likely to resent you. Your relationship may suffer serious strains. And she may complain to her friends that you’re a lousy lover. Fortunately, minor lovemaking adjustments and/or professional medical care prevent or cure most women’s sexual pain.

The sad truth is that intercourse often causes women pain. According to the University of Chicago survey discussed in the Introduction, some 20 percent of

women under age 30 experience pain during intercourse, with the proportion steadily declining to about 8 percent of those over 50. As women grow older, they usually get past the sex-negative messages that were a problem when they were younger, such as the tightrope walk between seeming “too easy” and “too hard to get.” They also usually become more communicative about their needs, and more sexually assertive. Horny young men get older, too, and calm down sexually so that they’re more comfortable with a more extended, whole-body approach to sex. In the Syracuse University review of 52 studies mentioned in [chapter 7](#), rates of pain during intercourse varied from 3 to 46 percent of women. “Pain during intercourse is very common among women,” says *Great Sex* advisory board member Louanne Weston, Ph.D. “In therapy, I deal with it frequently.”

Until recently, doctors often dismissed women’s complaints of pain during intercourse, which they call dyspareunia or vulvodynia, as “neurotic” and suggested a psychiatrist. This left women doubly wounded: Not only did they suffer from pain rather than pleasure, but they were made to feel emotionally troubled as well. Compounding the problem, some men haven’t believed women who said they experienced sexual pain. Others have mistakenly believed that sex is supposed to hurt women.

In recent years, thankfully, sex therapists and sexual medicine specialists have publicized the many potential causes of pain during intercourse. And many—but unfortunately not all—men have gotten the message. “Guys I see in therapy often feel really guilty about lovers’ pain during intercourse,” Sugrue says. “They don’t understand it. They’re convinced it’s their fault. They want sex, but they don’t want to hurt their lovers.”

Fortunately, pain during intercourse usually can be resolved. In a recent 2-year study, two-thirds of women with sexual pain reported that treatment produced significant improvement.

Women’s sexual pain can have many causes:

**Virginity.** Many men and women believe that when women lose their virginity, intercourse is supposed to hurt. This is a myth. To make her first time enjoyable instead of hurtful, see the sidebar “[Her First Time](#)”.

**Nonsensual lovemaking.** It takes women considerably longer than men to feel aroused and relaxed enough to enjoy intercourse comfortably. If you push into her before she feels truly receptive, you may hurt her. Relax, and learn to base your lovemaking on the kind of slow-paced, creative, total-body sensuality described in [chapter 1](#).

Slow down. Give her all the time she needs to become relaxed, aroused, and receptive. Intercourse can always wait. Tell her you won’t try to enter her until

she invites you in. Then be creative. Kiss, hug, roll around, massage each other, enjoy oral sex and other caresses, and play with sex toys—do anything you both enjoy. “Warm-up time is very important,” says *Great Sex* advisory board member Linda Alperstein. “Men need to allow women the time they need. And women need to insist on making love at a pace that gives them time to become aroused.”

**Lack of lubrication.** Many perfectly healthy women don’t produce much vaginal lubrication. This becomes particularly common after around age 40, as women begin to experience menopausal changes. Attempting too-dry intercourse is a major cause of women’s sexual pain. Once women reach menopause, most of them need extra lubrication every time.

Cunnilingus can help add to her natural vaginal lubrication, and so can a commercial lubricant. “Use lubricant on her vulva and vagina and your penis,” Klein advises, “and after a while, use some more.” Some men believe that taking a moment to apply lubricant interrupts and detracts from sex. On the contrary, it adds to the pleasure of the experience. Think of music: The joy of listening to music comes not just from listening to the notes, but also to the moments of silence between them, which build anticipation for the notes that follow. Applying lube is similar. As you take little breaks to place a drop or two on your fingers, mention what you’re doing and tell your lover where you’re going to apply it. Don’t rush. Allow her anticipation to build. Chances are, you’ll both have more fun in bed. (For more on lubricants, see [chapter 11](#).)

**Pushing in too quickly or deeply.** Even if a woman is highly aroused and wet, it may hurt her if you push into her forcefully. Ease in slowly. Be playful, and tease her a bit. Rub the head of your penis on her vaginal lips before entering her. When you enter her, go slowly. Her vagina is made up of folds of muscular tissue that yield most comfortably when a penis enters slowly. Savor the moment.

Be especially careful about depth of insertion in the doggie-style, or rear-entry, position, which allows unusually deep penetration. If the head of your penis bangs into her cervix or bladder, she may feel sharp pain or abdominal pain during and after intercourse. To enjoy this position, stay still in the beginning. Ask her to move back onto your penis. She should be in control of the speed and depth of insertion. This way, she can identify her comfort zone and let you know how deeply you can enter without causing her pain.

**Relationship issues.** If your relationship is painful, sex may be, too. If you’ve been fighting more than usual, or if you’ve recently gone through a relationship crisis, such as an affair, sex may hurt her. Consult a couples’ counselor or sex therapist to help you deal with your issues together.

**Skin conditions.** Women's genital skin is very sensitive to irritation. Intercourse may feel painful if tender vulval skin becomes chafed by douching, pubic shaving, sunburn, an allergy to latex from condoms, contact dermatitis from harsh or perfumed soaps, feminine hygiene products, or underwear made from synthetic or heat- and moisture-trapping fabrics. If her vulva appears red or irritated, she should see a doctor.

**Sexually transmitted infections.** Chlamydia, genital warts, and pelvic inflammatory disease may cause pain. If pain persists despite increased sensuality and lubrication, she should see a doctor and ask to be screened for infections that may be causing the pain.

**Other vaginal infections.** Chronic yeast infections or vaginal bacterial infections may also be to blame. The pain, burning, or itching may feel worse the day after lovemaking. Yeast infections are treated with antifungal medication, and bacterial infections are treated with antibiotics.

**Constipation.** Constipation makes the pelvic area less flexible, which can contribute to pain. It also makes women feel bloated, uncomfortable, and self-conscious, which can aggravate any sexual discomfort, as well as making her feel less than sexy. Constipation is very common, with around 10 percent of adults suffering from it frequently. U.S. laxative sales are approaching \$500 million a year.

**Childhood sexual abuse.** Years after sexual abuse, survivors may experience pain during intercourse. Reading [chapter 10](#) should help you to understand these issues better.

**Oxalate irritation.** Oxalates are byproducts of the oxalic acid in some foods. A woman who is sensitive to oxalates can develop urethral irritation, which can cause pain during intercourse. Some foods are high in oxalates, so avoiding these foods may improve her condition, though it can take 3 to 6 months to feel improvement. High-oxalate foods include celery, coffee, chocolate, rhubarb, spinach, and strawberries—so chocolate-covered strawberries may not be as romantic as they seem. Send for a more extensive list of foods from the Vulvar Pain Foundation (see Resources).

Another way to reduce oxalate irritation is to take a calcium citrate supplement, such as Citracal. Women interested in this approach should discuss dosage with their doctors.

**Vaginismus.** Vaginismus involves spasms of the pelvic floor muscles, causing them to clamp down and close the vagina. In mild cases, intercourse is possible but hurts the woman. In severe cases, insertion is impossible and attempts at intercourse may cause sharp pain. The cause of vaginismus remains unclear. Some women who experience pain during intercourse subconsciously contract

their pelvic floor muscles, causing vaginismus. But many women with vaginismus don't have a history of pain during intercourse. In these cases, the cause remains a mystery.

Doctors should check for vaginismus during any medical evaluation for pain during intercourse. If it's diagnosed, the condition is best treated by a combined physician–sex therapist team. Standard therapy includes Kegel exercises (see [chapter 2](#)); pelvic muscle relaxation exercises, often using biofeedback; and insertion of fingers or graduated dilator rods that gradually coax the vagina open enough to receive an erection comfortably.

**Vulvar vestibulitis (VV).** This poorly understood condition involves inflammation of the vestibular glands, tiny glands inside the vaginal opening that secrete small amounts of fluid, helping to lubricate the vulva and vaginal entrance. To test for VV, a clinician presses a cotton swab into the tissue around the vaginal opening. In women with VV, this pressure causes sharp pain. Some VV clears up with time and supplemental lubrication. Other potentially helpful treatments include Kegel exercises, a low-oxalate diet, and participation in a support group.

Biofeedback may also help. Many women with VV have trouble relaxing their pelvic floor muscles. Unlike vaginismus, these muscles don't clamp down and close the vaginal opening. Instead, they become tense, which makes for painful sex. Biofeedback can teach women to relax their pelvic floor muscles. Cornell researchers taught 33 VV sufferers pelvic-floor relaxation using home biofeedback equipment fitted with small, tension-sensing electrodes placed in their vaginas. After 16 weeks, the women's pelvic floor muscles were stronger and more relaxed, and they reported significantly less VV pain.

In another study, researchers in Montreal, Canada, worked with 35 VV sufferers. Using a relaxing combination of deep breathing, self-massage, biofeedback, and simulated intercourse with dildos, within a year, 72 percent reported noticeable improvement. Women with VV should consider asking their physicians for a referral to a biofeedback therapist or contacting the Association for Applied Psychophysiology and Biofeedback for a list of certified biofeedback therapists near them (see [Resources](#)).

VV can also be treated through surgical removal of the vestibular glands, or *vestibulectomy*. Researchers at Canada's McGill University tried three treatments on 78 VV sufferers: education and Kegel exercises, biofeedback, and surgery. Six months later, 35 percent of the biofeedback group and 39 percent of the education and exercise group reported significant improvement, but among those who had *vestibulectomies*, the figure was 68 percent. It's best to try the noninvasive approaches before opting for surgery.

**Other medical conditions.** Many other conditions can contribute to women's feeling pain on intercourse, including uterine prolapse, endometriosis, interstitial cystitis, irritable bowel syndrome, yeast infections, urinary tract infections, and gynecological cancers. Ask a doctor about these conditions as well.

For more information about pain on intercourse, contact the International Pelvic Pain Society, the National Vulvodynia Association, The Vulvar Pain Foundation, or the University of Michigan Center for Vulvar Disease (see Resources).

If your lover complains of discomfort or pain on intercourse, be understanding. Don't criticize her for ruining your lovemaking. "That's blaming the victim," Klein says. Instead, slow things down, embrace a more sensual style of lovemaking, and use plenty of lubricant. If the problem persists, she should see a doctor, and you may want to consult a sex therapist together. "Remember," Klein says, "intercourse is not necessary for fulfilling sex. While she's being treated, you can still have great sex using your hands and tongues and perhaps sex toys—everything but your penis inside her vagina."

"Sexual pain is often medically complex and emotionally trying," Alperstein says. "Women appreciate men who take their pain seriously, men who are patient and supportive during its evaluation and treatment."

## HER FIRST TIME

### HOW TO CREATE PLEASURE, NOT PAIN

What's vaginal intercourse like the first time for women? It can range from awful to fantastic. It all depends on the two of you and how you make love. Even if you're sexually experienced, the first time with any new lover raises many of the issues involved in making love with a virgin. It doesn't matter whether it's her sexual initiation or just her first time with you. These suggestions should help maximize pleasure and satisfaction for both of you.

**Make sure she really wants to.** According to the 1994 National Health and Social Life Survey, about one-third of women recall not wanting sex their first time or feeling forced into it. Sexual coercion is wrong—and it's a one-way ticket to lousy sex. Even when a woman consents, an estimated "75 percent feel unprepared," according to sex therapist Sandra Leiblum, Ph.D., and writer Judith Sachs in their book for women, *Getting the Sex You Want*, "and find their initial sexual experience distasteful." They elaborate: "Young Romeos, even those who care deeply about their girlfriends, typically lack sexual skill or finesse." Even if she enjoys sex, if she feels

rushed, she may have mixed feelings about doing it again and may resent her partner for pushing her.

**Plan ahead.** Most virgin women and men are unprepared for their first sexual experience—and often many subsequent ones—because they typically “just happen” in the heat of the moment. Planning reduces the risk of her feeling pain and shows that you truly care how she feels, which helps her relax. If she’s relaxed, truly consenting, and feeling well cared for, the sex will be better for both of you.

As part of your planning, consider her hymen. The myth is that first intercourse always hurts women because it tears this membrane. Review the discussion of the hymen [here](#). Then ask about hers: Can she use tampons comfortably? If so, this suggests that her hymen has been stretched, if not eliminated, and probably won’t be much of an impediment her first time. But if she has trouble using tampons or can’t, then urge her to consult a physician before you attempt intercourse. She may need a hymenectomy.

**Discuss protection.** As part of your planning, and to enhance the quality of the sex you have, make sure you’re on the same wavelength about contraception and prevention of sexually transmitted infections. (Read [chapter 12](#) for more information.) Great sex depends on mutual comfort, trust, and relaxation. Women find it difficult to relax with a man—and respond sexually to him—if they think he doesn’t care about their health or pregnancy risk. A good lover raises these issues before jumping into the fun.

**Gently explore the caresses she enjoys.** If you’re about to have intercourse, presumably you’ve been enjoying sensual—and perhaps sexual—closeness together. Review [chapter 8](#). All the suggestions for erotic touching are even more important when making love with a virgin or any woman who is sexually inexperienced.

**Use alcohol and other drugs in moderation, if at all.** First times can be scary. Drugs, particularly alcohol, make it easier. After a few drinks, it’s easier to coax a lover into bed. But alcohol is often bad for sex. It’s a central nervous system depressant that interferes with men’s erections and ejaculatory control, and with women’s sexual responsiveness and ability to express orgasm. In addition, good sex involves emotional presence, being fully in the moment with your lover. Alcohol removes you from the moment. A drink or two can loosen you up before sex, but try to keep it at that. You’ll enjoy sex more if you’re not drunk or under the influence of drugs.

**Provide reassurance.** Just as you want to please her, she wants to please you—and wonders if you’re enjoying sex with her. If you are, say so periodically throughout your lovemaking.

**Have realistic expectations.** If anything goes awry—if you come quickly, or if your erection falters—don’t flip out, and don’t blame the woman. Accept the situation gracefully. Just laugh and say something like, “I get a little nervous with a new lover.” Or: “You get me so excited, I can’t control myself.” With any lover, good sex takes practice and experience.

She may not have an orgasm her first time—or her second, third, and subsequent times. “Sexually inexperienced women are not reliably orgasmic,” Leiblum and Sachs note. Even if you do everything right—planning her first time well, going slowly, and enjoying extended total-body sensuality with lots of lubrication and plenty of gentle, clitoral stimulation—she may feel too anxious to express orgasm. Accept this, and reassure her that it often takes women several times—or longer—to feel comfortable enough with sex to express orgasm. You might invite her to masturbate to orgasm while you hold her close.

## HELP FOR PRE-ORGASMIC WOMEN

Remember the term “frigidity?” The word implied that women who couldn’t express orgasm were “ice maidens,” cold creatures incapable of emotional warmth. But that’s ridiculous. Many women who can’t express orgasm are

warm, loving, kind, sweet—and very sexual. They simply have trouble having orgasms. During the 1970s, sex experts dropped “frigid,” and adopted a better term: “nonorgasmic.” But the word nonorgasmic implied that women in this situation were stuck there. By the 1980s, the term “pre-orgasmic” came into vogue. It implies that any woman can express orgasm, but some of them just haven’t learned how yet. Teaching women how to express orgasm has been one of the major successes of sex therapy.

When it comes to women’s difficulties expressing orgasm, keep these points in mind.

- It’s not your responsibility to “give” her orgasms. Your contribution is to create the physical and emotional environment that allows her to express her orgasms for herself.
- Many women have difficulty expressing orgasm or can’t have them at all—25 percent in the University of Chicago survey, 14 percent in the University of California survey.
- Don’t take it personally. If your loveplay is based on gentle, leisurely, playful, massage-based, total-body sensuality, her inability to express orgasm is *no reflection* on your skill as a lover or on her sexual responsiveness.
- If the two of you are a reasonably happy couple, it’s no reflection on your relationship or on her feelings about you.

There are many reasons why a woman may have trouble having orgasms:

**A sex-negative upbringing.** Some women have been raised to believe that sex is dirty, that it’s just tolerable with a husband—and then only for purposes of procreation—and that it’s something women “submit” to. For these women, lovemaking, especially before marriage, may create so much stress that they can’t express orgasm.

You can’t change the way she was raised. But you can discuss her upbringing and provide information that helps her transcend any sex-negative messages she grew up with. You can share this book with her or share other sex-positive guides (see [www.greatsexthebook.com](http://www.greatsexthebook.com) for suggestions). Or you may want to gently suggest psychotherapy or sex therapy—and offer to accompany her.

**Not enough masturbation.** The vast majority of men masturbate, so it may come as a surprise to you that many women don’t. Masturbation is not only a healthy way to release tension, it’s also how we learn to respond sexually. Those who don’t masturbate may not be well informed about their own sexuality—or experienced with enjoying it. They may have a poor understanding of their own

responsiveness and may have difficulty responding to a lover and having orgasms. You might gently quiz her about her masturbation experience. If she's never masturbated, or does it rarely, you can suggest she experiment with it more. You can also buy her a vibrator. If she seems unusually reluctant to get to know herself better through solo sex, you may suggest that the two of you consult a sex therapist.

**Insufficient erotic stimulation.** Compared to men, women need more total-body caressing to become aroused enough to express orgasm. Men who rush into intercourse may not provide enough sensual caresses to allow women to become sufficiently aroused. Remember: Fewer than half of women are regularly orgasmic from vaginal intercourse. To have an orgasm, most women respond best to direct, gentle clitoral stimulation. To help her have an orgasm, take it slow, make it sensual, and don't neglect her clitoris.

**Excessive self-consciousness.** Everyone's self-conscious. But for some, life becomes an out-of-body experience. For the self-conscious woman, it's as if she's two people at once; part of her is making love, while the rest of her is across the room watching—and criticizing. Great sex requires undivided attention. You have to be right there, experiencing it fully. If part of her is not really present, she may not be able to enjoy sexual arousal and orgasm. If your lover is self-conscious to the point where it interferes with her sexual responsiveness and orgasms, slow things down and focus on total-body sensuality, which should help her relax and become more willing to give lovemaking her undivided attention.

**Fear of losing control.** People who feel anxious or depressed often cope by trying to assert total control over their lives. Of course, life is unpredictable. None of us is really in control. But some try to be. Orgasm involves a brief period of being a little out of control, of giving yourself up to waves of involuntary pleasure. Women who constantly strive for self-control may not be able to let go enough to express orgasm. Here again, a slower pace and a focus on whole-body sensuality should help her relax, let go, and allow herself to enjoy sex.

**Relationship dissatisfaction.** Most women need to feel safe, relaxed, and emotionally comfortable to express orgasm. Relationship problems can cause enough stress and vulnerability to interfere with orgasm. If you have relationship issues that are interfering with sex, schedule a regular time to work on your issues, and consider consulting a couples' counselor or sex therapist.

**Distraction from erotic focus.** During sex, lovers' focus should be on each other, their sensual feelings, and sex fantasies. Some women have trouble maintaining erotic focus, which makes sense, considering how many

responsibilities many of them have. During sex, it may be difficult for your partner to keep her thoughts from drifting to the shopping or laundry she should do, the business calls she needs to return, or the carpool she's supposed to organize. Distraction from erotic focus can interfere with orgasm. Distractions can never be completely banished from lovemaking, but a slow pace and creative, total-body sensuality can help.

**Medical conditions.** If a woman experiences pain during intercourse, she may feel too distracted or uncomfortable to express orgasm. See "["Pain During Intercourse"](#)" and encourage her to visit a physician.

In women with arousal problems, the process by which the genitals become engorged with extra blood may be impaired—a situation analogous to erectile dysfunction in men. The Eros Clitoral Therapy Device is currently the only apparatus FDA-approved to increase sexual arousal in women. Just as a vacuum constriction device can coax extra blood into the penis, the Eros-CTD can increase clitoral blood-flow for women.

The device, available by prescription only, consists of a thimble-like plastic cup that fits over a woman's clitoris. When the woman turns on the battery-operated instrument, much of the air is evacuated from the cup, creating a partial vacuum that draws extra blood into the clitoris.

Boston researchers tested the Eros-CTD on 32 pre- and post-menopausal women, some complaining of sexual arousal problems. Among the women with arousal problems, 80 percent noticed more vaginal lubrication, 90 percent reported increased clitoral sensations, 55 percent expressed orgasm more easily, and 80 percent reported greater overall sexual satisfaction. The Eros-CTD had no side effects. (For more information on the Eros-CTD, see Resources.)

**Drugs.** Many medications, especially alcohol and antidepressants, can impair a woman's ability to express orgasm. The drugs that impair erection and cause ejaculation difficulties in men can suppress orgasm in women (see [chapters 4](#) and [6](#)). If your lover takes any of these medications, she should consult her doctor, who may be able to prescribe a drug that doesn't have the same side effects.

## HOW YOU CAN HELP HER BECOME ORGASMIC

The 10 to 25 percent of women who have trouble expressing orgasm often feel as bad about it as men feel when they come too soon, have erection problems, or can't come at all. Orgasm is supposed to happen naturally. When it doesn't, women typically feel inadequate, anxious, and sometimes desperate. Many fear that admitting their situation might disappoint or anger the men in their lives to

the point of precipitating a break-up. To prevent this, some women fake orgasm.

A detailed discussion of orgasm training for women is beyond the scope of this book. However, here's how men can help pre-orgasmic lovers discover the orgasms waiting to be released:

**Provide clitoral stimulation.** Vaginal intercourse is usually not enough. Fewer than half of women regularly express orgasm solely from intercourse. The old in-and-out just doesn't provide enough direct clitoral stimulation to trigger the big O. There is nothing wrong with women who can't express orgasm during intercourse—nothing at all. Men involved with women in this situation should provide gentle, direct clitoral stimulation. (See “Caressing and Beyond: Erotic Tips for Men” [here](#).)

**Reassure her.** Tell her she's not alone. If she doesn't already know the statistics, share them with her. Tell her you understand that difficulty with orgasm is fairly common among women, and that you don't think less of her or your relationship because of this problem.

**Suggest a good book or video.** The classic self-help book for preorgasmic women is *For Yourself*, by sex therapist Lonnie Barbach, Ph.D. Another excellent book is *Becoming Orgasmic*, by sex therapists Julia Heiman, Ph.D., and Joseph Lopiccolo, Ph.D, which also has a wonderful companion video that follows a woman and her husband through the self-help program (see Resources). You might want to buy these guides for her, or encourage her to purchase them.

**Understand the program.** The self-help program in *Becoming Orgasmic* typically takes 2 to 4 months. It begins by explaining what orgasms are and that to experience them, most women need a combination of deep relaxation, vivid sexual fantasies, and direct clitoral stimulation. From there, the program involves extended, whole-body—but nongenital—self-massage. This introduces women to the deep relaxation and total-body arousal necessary for orgasm. Next the women move on to genital self-massage and masturbation, in combination with deep relaxation and whole-body sensuality. With practice, most women learn to express orgasm.

**Support the program.** While the woman in your life is learning to express orgasm, the program typically requires that she take a break from partner sex. That's not easy for most men—including the husband in the *Becoming Orgasmic* video. I'd strongly recommend this video to any man in a relationship with a woman who's learning to experience orgasm. Sure, it's a real drag to take an extended break from partner sex, but it's worth it in the long term. Once she becomes orgasmic, your lovemaking should feel much more exciting and fulfilling.

**Don't pester her about returning to partner sex.** She knows you want to. You don't have to remind her. Pestering doesn't get you back into bed any sooner. All it does is make her feel more anxious—which makes it that much harder for her to come.

**Express yourself.** Feel free to say that you find the program's temporary ban on partner sex frustrating. Then reassure her that despite your frustrations, you support the program and support her learning process—no matter how long it takes. This should help set her mind at ease and make her feel relaxed and supported, both of which should help her become orgasmic.

**When you return to partner sex, do it her way.** Ask her to coach you on how she needs to be caressed to express orgasm. Chances are she'll ask for leisurely, playful, whole-body sensuality. But listen closely to her requests. Do your best to caress her the way she wants.

**Support her use of a vibrator.** She might need one. That's fine. Many women do. Tell her you're happy to welcome her vibrator into bed with you.

**Suggest sex therapy.** If after about 4 months of committed work on the self-help program, she's still unable to express orgasm, she may benefit from professional sex therapy. Sex therapists enjoy excellent success helping women become orgasmic—even in cases where the self-help program didn't work.

## SEXUAL TRAUMA

### WHAT EVERY MAN MUST KNOW

**Fifteen.** According to the University of California survey discussed in the Introduction, that's the percentage of American women who have survived childhood sexual exploitation. For men, the figure is 3 percent.

**Ninety-five.** According to the National Crime Victimization Survey, that's the percentage of sexual assaults whose victims are women. Throughout the 1990s, approximately 300,000 women were raped in the United States each year. For men, the figure was around 20,000, approximately 5 percent of the total.

**Eight.** According to the National Violence Against Women Survey, that's the percentage of American women who are criminally harassed by stalkers. For men, the figure is 2 percent.

The recent scandals involving priests who have molested young boys demonstrate that anyone—male or female—can be sexually abused as a child. Anyone can be sexually assaulted or stalked. For poignant looks at male rape victims, read the novels *Deliverance* by James Dickey or *The Prince of Tides* by Pat Conroy, or watch the movies. But in the overwhelming majority of these crimes, the victims are women.

For all but a small fraction of men, sex is fun; and apart from the sex problems discussed in this book, that's all it is. However, for many women, memories of sex crimes complicate—and possibly ruin—lovemaking. Even for women who were never sexually abused as children and have never been sexually assaulted or stalked, the possibility of sex-crime victimization looms large on the sexual landscape, and it may distract them from the deep relaxation and undivided attention necessary for great sex.

Combine the statistics, and men have approximately one chance in five or six of becoming intimate with a woman who has survived a sex crime. The myth is that victimization is so traumatizing that survivors become sexually crippled for life. “Actually,” says *Great Sex* advisory board member Louanne Weston, Ph.D.,

“healing is possible, and so is a satisfying sex life. Survivors can always move from where they start to better places. The issue is how far they can move how fast.”

Compared with adults, children are psychologically fragile. They have less life experience and fewer skills for coping with trauma. As a result, childhood sexual exploitation tends to be the crime that causes the deepest wounds and requires the longest recovery period. But the recovery process is similar for sexual assault and sexual harassment. Depending on the crime, recovery typically takes from a few months to several years, and often requires professional therapy. Survivors who eventually emerge from the dark tunnel of recovery into the light of healing often experience sexual transformation. Their sex lives change from awful to deeply nurturing and erotically fulfilling.

Staci Haines, author of *The Survivor’s Guide to Sex: How to Have an Empowered Sex Life After Child Sexual Abuse*, spent years recovering from her own abuse. Today, she enjoys sex and has become a therapist who specializes in treating survivors of sexual trauma. “Healing is possible,” she explains. “Emotional and sexual healing. I tell survivors: You survived. You’re more powerful than what happened to you. Victimization is a terrible thing. Surviving it is very hard. But you have the capacity to recover, to build the life—and the sex life—you choose.”

No matter whether survivors are men or women, their lovers can play a key role in their recovery. Lovers who embrace this challenge with knowledge, caring, and a great deal of patience often are rewarded by relationships that become more intimate and sexually fulfilling. “It’s not easy to support a survivor,” says *Great Sex* advisory board member Dennis Sugrue, Ph.D., “especially when her recovery involves a long period of celibacy. Enforced abstinence is a struggle for many men. But the key for men is to be patient and supportive, to be a man who’s not abusive, exploitative, or violent, but rather loving and nurturing—even though that’s difficult.”

Because the vast majority of sex-crime victims are women, this chapter focuses on how men can help women recover. The dynamics of healing are similar for male survivors. The books and organizations listed in Resources are addressed to all survivors, regardless of gender.

## HOW SEXUAL TRAUMA AFFECTS SURVIVORS

A key issue is trust. Someone who should have been loving and trustworthy was the opposite. “Survivors have a hard time with trust,” says *Great Sex* advisory

board member Marty Klein, Ph.D. “That’s why they have trouble with sex. Great sex requires trust.”

Another issue is control. Survivors were robbed of it. As a result, recovery often involves a deep need to assert tremendous control over their lives, and especially sex. This, too, makes sex difficult. Great sex involves a combination of setting limits and then, within them, letting yourself go. “Survivors’ need to control sex often interferes with their ability to let go,” Weston explains.

A third issue is “dissociation,” a natural defense mechanism for trauma survivors, especially children. Their minds deny what happened to their bodies. Children dissociate the most because they are emotionally immature. As a result, recovery from childhood sexual abuse usually takes much longer than recovery from sex crimes occurring later in life. But survivors of all ages often push memories of their victimization out of their conscious minds, and store them subconsciously.

Dissociation extends to survivors’ bodies. Childhood sexual abuse survivor Laura Davis, author of *Allies in Healing: When the Person You Love Was Sexually Abused as a Child*, once asked a survivor how she felt about her body. The survivor replied, “What body?” Many survivors speak of feeling numb, or “living only from the neck up.” They have difficulty feeling physical pleasure, which means they can’t enjoy sex.

A fourth issue is guilt. Many survivors hold themselves responsible for their abuse, as though they brought it on themselves. Of course they didn’t, but, “Every survivor I’ve worked with has expressed some guilt,” says Haines.

Childhood sex abuse has the widest range of possible sexual effects. Some survivors lose their libidos or feel disgusted by the thought of lovemaking. Others become hypersexual and can’t say no to sex. And some swing wildly back and forth; they want physical closeness with a lover, but when things heat up, they freeze or flee.

Cincinnati researchers surveyed 832 women, aged 14 to 59, who were survivors of childhood sex exploitation, and compared their responses with similar women who had not been abused. Survivors were more likely to have poor self-esteem, negative body image, eating disorders, relationship difficulties, and problematic sex lives—either withdrawal from sex or sexual recklessness.

Survivors of sexual assault or harassment usually shut down sexually.

IF THE WOMAN YOU LOVE GETS RAPED

**S**exual assault has more to do with assault than with sex. It's similar to mugging, except that the woman's dignity is stolen instead of—or in addition to—her money. Any man who has ever been beaten up and robbed on the street can appreciate some of what women go through during and after sexual assault. The typical mugging survivor fears being killed during the attack, followed by intense feelings that there is no safety anywhere. Now suppose that instead of simply intimidating you with a weapon, imagine that the mugger ripped your clothes off and forced his weapon—or his penis—into your anus. Would you consider that a sex crime? Sex is certainly part of it, but, like women, men who experience sexual assault focus much less on the sex than on the assault.

If a woman you love gets sexually assaulted, here's how to help:

**Remember, she's in charge.** She should make every decision in response to the assault. She was the person attacked. She's had her sense of self-determination destroyed. A key part of her healing is to regain that precious feeling of control over her life. Encourage her to decide what to do, then support her decisions—even if you disagree with them. For example, rapists are most likely to be convicted if survivors call the police immediately and don't bathe or clean up until any evidence—semen, hair, et cetera—is collected. But she may want to wash and not involve the police. Feel free to question her decisions and point out their implications. But once she's decided, support her decision.

**Support her for surviving.** Many rape victims fear that their attacker will kill them. This fear is justified. Anything the woman did to survive was a good thing to do. Survivors often wonder if they should have fought more or less, or taken other actions. Provide reassurance: You survived a life-threatening situation. What you did was the right thing to do.

**Avoid accusations.** She didn't "invite" the rape by dressing provocatively, drinking too much, giving directions to strangers, or anything else. She'll berate herself for a long time about this without you adding to it.

**Don't become the injured party.** If the survivor can identify her attacker, don't grab a weapon and take off in a vengeful rage. She's just dealt with one or more men who were completely out of control. Don't become another. Control yourself. Be there for her.

**Encourage her to get help.** Find the number of a rape crisis center. Some survivors don't want professional help. Others do. Suggest counseling, then support her decision.

**Reassure her of your love.** Tell her you don't consider her "tainted," that you still find her sexually alluring. Then be clear that you're prepared to let her decide when and how to resume physical intimacy.

**Continue to listen.** As time passes, it's natural to say, "It's over. Don't dwell on it." But many survivors need to dwell on it for what might seem "too long." Give her all the time she needs.

## THE ROAD TO SEXUAL HEALING

Therapeutic approaches vary, but Haines, who specializes in childhood sexual abuse, combines traditional "talk" therapy with hands-on exercises designed to reintroduce survivors to their capacity for sensual pleasure.

A key element of talk therapy involves processing survivors' guilt. Haines asks survivors of childhood sex abuse what they think was their fault. "We make a list," she explains. "It usually includes things like: 'I liked his attention.' 'I liked being held.' 'I didn't stop it from happening to my sister.' " Then Haines invites survivors to analyze their lists. "Eventually, they come to understand that

they were powerless in the situation and are not to blame for it. They begin to forgive themselves.” Survivors of sexual assault or stalking also typically have guilt feelings to process: I shouldn’t have flirted with him. I shouldn’t have accepted that ride, given him my address, trusted him.

Talk therapy also explores how survivors feel about sex. Survivors of childhood sexual exploitation generally have the most complicated feelings: aversion, disgust, engaging in sex only to keep their lovers happy, and faking pleasure and orgasm. But survivors of other sex crimes also experience sexual negativity. Counselors say that recovery involves honestly owning up to these feelings—and eventually confessing them to their lovers. It’s excruciating for survivors to confess that they hate sex, Haines explains, and it’s agonizing for lovers to hear it. “But,” she says, “sexual honesty is the foundation of sexual recovery.”

On the “body” side of therapy, the goal is to overcome dissociation, transcend sexual negativity, and learn—or relearn—to enjoy physical pleasure. “To feel is to heal,” Haines explains. The process often begins with a period of sexual celibacy, or perhaps sensual—but no genital—contact: hand-holding, cuddling, hugging, but no more. For survivors of rape or stalking, the time-out typically lasts a few weeks to several months. For survivors of childhood sex abuse, it may last years. During this period, therapists encourage self-touch—massage and masturbation—which allows survivors to experience physical pleasure while completely controlling the experience.

“Masturbation is the foundation of sexual self-education and recovery,” Haines explains. “Know thyself.” During masturbation, survivors learn or relearn how to enjoy sensual pleasure without the complications of partner sex. By the time they return to their lovers, they have more sexual self-knowledge, and a firmer foundation for enjoyable partner sex. For survivors who have difficulty experiencing sensual pleasure and genital arousal, using a vibrator provides more intense stimulation than a woman can provide for herself. If “to feel is to heal,” vibrators facilitate feeling, and as a result contribute to healing.

Unfortunately, masturbation often triggers flashbacks, vivid memories of victimization. Therapists urge survivors not to deny these memories, but to reassure themselves while masturbating: This is loving touch, not abuse. I have a right to pleasure.

Masturbation begins the process of sexual self-rediscovery, but the real challenge is partner sex. One key for recovering survivors is to take total control of the experience. During the abuse, they had no control. Healing involves reasserting control, deciding if they want to be sexual, and how they would like sex to proceed. It means learning to say, “No, don’t,” and having that decision

honored. It often means becoming sexual, and then deciding to stop. That, too, must be honored.

Recovery is arduous, especially for survivors of child sexual exploitation. “There were times I wished I was dead,” Davis recalls. “I remember thinking I would always be obsessed by my abuse. But I was wrong. I have a life now, not a perfect life, but a good one, with integrity, joy, and pleasure. I am rooted in the present. I’m no longer sentenced to replay the past over and over again. Healing is worth it. With the right support, 100 percent of survivors can heal.”

## HOW MEN CAN HELP

To support a sex-crime survivor through recovery takes the wisdom of Solomon and the patience of a saint. Few men are Solomon or saints. All you can do is your best. Many relationships do not survive the recovery process. I hope yours does. But understand that, despite both of your best efforts, it might not.

Here’s how to help.

**First, take care of yourself.** On airplanes, shortly after take-off, you hear the oxygen-mask drill: “If you are traveling with anyone who needs assistance, put your mask on first. . . .” Why? Because in an emergency, if you’re struggling to breathe, you can’t help anyone else. Recovery from sexual abuse is also an emergency. You can’t help your lover recover if you’re not taking care of yourself. “The major mistake I see is that partners try to become rescuers,” Haines explains. “They martyr themselves, and deny their own needs.” At first, this seems noble, but in the long run, it doesn’t work for anyone. No one can “save” sex-crime victims from their emotional trauma. Survivors must recover on their own. A lover can help by being patient, available, understanding, and willing to discuss the many issues the recovery process raises. But recovery is something survivors ultimately do themselves.

Your lover can’t provide the support you need. She has enough on her plate. Instead, make regular dates with a few trusted friends. Better yet, join a support group for partners of survivors. In a support group, you don’t have to explain how you’re feeling. Everyone knows. The organizations in Resources may be able to introduce you to support groups for survivors’ partners. Or try women’s social service organizations or the rape crisis group in your area.

**Marshall your resources.** These include: compassion, flexibility, resourcefulness, humor, knowledge of your own needs and limits—and patience, lots of patience, tons of patience.

**Learn as much as you can.** Read about the crime from which your lover is

recovering. See the books and Web sites listed in Resources.

**Ask questions.** Don't wait for the survivor to discuss her feelings. Ask. Then listen carefully to the answers.

**Don't try to "fix" her.** Over time, she can heal herself with your support, sympathy, and love—and, often, professional therapy.

**Be prepared for personality changes.** Brace yourself for a long period during which the survivor is maddeningly self-absorbed or seems like a different person. You might think: "Who are you? I don't know you any more." If she often withdraws from sex, or starts to make love, then insists on stopping, you're likely to feel confused, distraught, and angry. Personality changes are temporary, but they're part of the recovery process.

**Be honest about how you're feeling.** If you feel frustrated, say so. But try not to blame the survivor. Blame the perpetrator.

**Suggest therapy.** This is especially necessary for survivors of childhood sexual exploitation.

**Seek therapy for yourself.** For survivors, voicing anger is an important step beyond guilt and dissociation. Unfortunately, survivors sometimes direct their anger not only at the perpetrator, but also at their lovers. Try not to take this personally. Of course, that's virtually impossible. That's why it's so important for you to get emotional support outside of your relationship. In addition to turning to friends and a support group, consider professional therapy yourself.

**Schedule fun together.** Insist on a day off—one day a week when you spend fun time together and don't discuss the abuse.

## IF SHE'S BEEN STALKED

**S**talking gets nowhere near as much press as childhood sexual abuse or rape, and it's not tracked by law enforcement. It's a hidden trauma—but it can be extremely unnerving for women, and the experience can have lingering effects that may impact subsequent relationships. Men need to understand how it feels to be stalked, and how it affects women.

**Ask her about her experience.** Don't demand to know. Telling you is her decision. But let her know that you care about her and would like to know about her life, including its unnerving episodes.

**Ask if she still feels threatened by the stalker.** If so, encourage her to contact the police. It's her decision. Respect it. But she may believe the police can't help or won't. In recent years police have become more sympathetic to women threatened by stalkers. Many police departments now confront stalkers and tell them in no uncertain terms that if they don't stop completely and immediately, they will be arrested and jailed. Tell her gently that the police may be able to help. Then abide by her decision.

**Bottom line: Never stalk an ex.** If a woman breaks up with you, you have every right to feel sad, angry, confused, and betrayed. Still, she has the right to break up with you. Relationships require mutual consent. If she wants out, it's over. Grieve your loss. Rail about her to your friends, if it makes you feel better. But leave her alone. You don't own her. Spying on her and harassing her won't bring her back to you. They are much more likely to convince her that she was right to break things off. In addition, stalking is illegal. Do it and you risk arrest.

**Get out of her way.** You can't "make" anyone heal sexually. You can't orchestrate progress to recovery. You can't make someone enjoy sex. All you can do is get out of the survivor's way and not put up any more roadblocks to healing than she already faces.

**Get a grip.** Childhood sex abuse, rape, and stalking teach women that men are out of control. Control yourself. Respect her need to take total control of her sex life, even if she does not want to make love with you for an extended period.

**Don't rush the touch.** When she feels ready to return to physical contact with you, begin with gentle, whole-body sensuality, and postpone anything genital until she invites it. Try cuddling, hugging, and massage. If she's open to receiving professional massage, offer to make the arrangements. An excellent video, *Relearning Touch: Healing Techniques for Couples*, can help survivors and their lovers enjoy sensual pleasure (see Resources). Encourage her to masturbate. Offer to buy her a vibrator, or two, or more.

It's okay for you to want sex. If she needs a long break from it, it's okay for you to express frustration. "But don't pressure her for sex," Sugrue says. "She has to return to sexuality on her own schedule." She needs to know that you care about her more than you care about sex with her.

Keep in mind that just because she feels ready to return to lovemaking, it doesn't mean she's recovered. She still has a long way to go, especially if she is a survivor of childhood sex abuse. Even when sex seems to be going fine, don't assume that it is. Check in with her. Ask: "Is this okay. Do you need to talk? Do you need a break?"

She also may express interest in sex, and then insist on stopping. Respect her wishes. Invite her to talk about what she's feeling. Don't express your frustration at that point. Discuss it some other time.

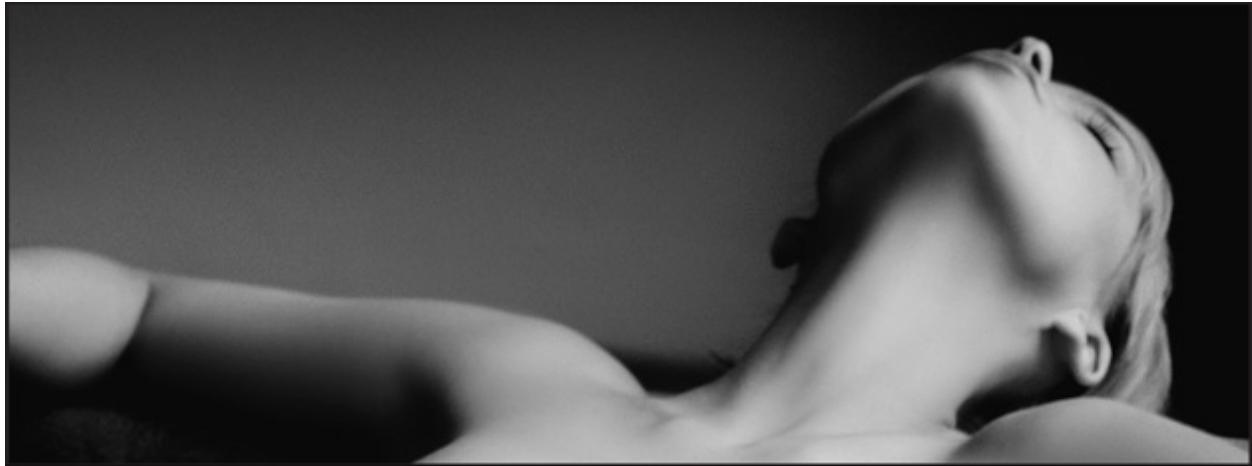
**Expect her to experience flashbacks.** Develop a signal so she can tell you she's having one. When she signals you, ask what she would like to do. Some women want to change sexual positions. Others need to be held. Some need time by themselves. Others want to talk. If she wants to talk, ask what she's feeling, what she's afraid of. Help her explore her fears and stay in the present. When flashbacks happen, remind her that her memories are real, but they're not happening now. She's not with the perpetrator. She's with someone who loves and respects her, someone who's doing everything he can to support her healing.

**Don't seek revenge.** If the perpetrator is still in your lover's life and yours—such as a relative or friend of the family—don't get violent. Control yourself. If she wants to maintain contact with her abuser, respect her wishes. If she wants to shun the abuser, that's fine, too. "Violent fantasies are normal," Klein explains. "They are also a sign that you could use professional therapy."

**Accept that the relationship may not last.** Dealing with sexual-trauma survivors is hard, especially survivors of childhood sex abuse. Your relationship may break up. That's sad, but possible, and in the case of childhood sex abuse, fairly common.

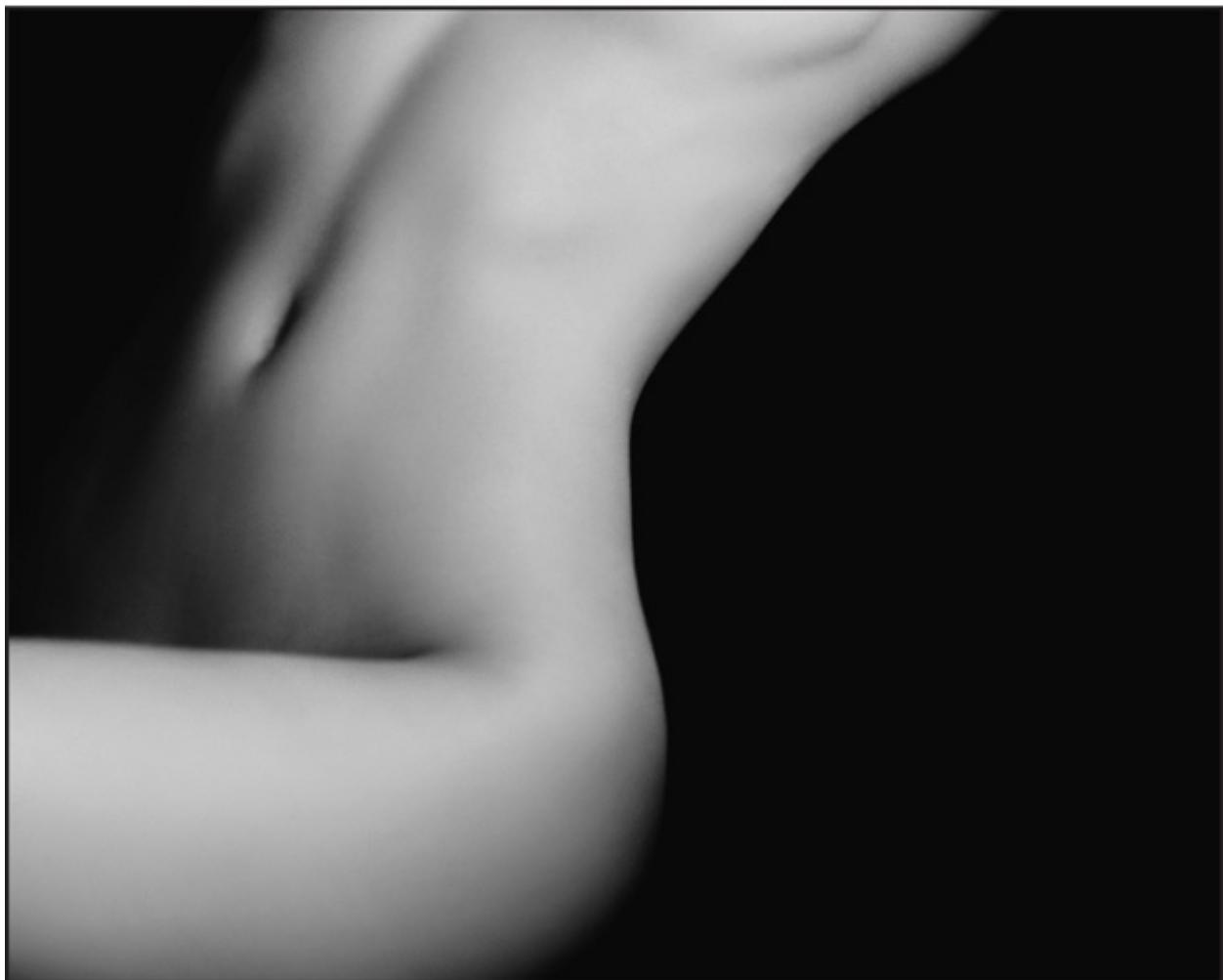
Those who hang in there usually find it a major growth experience. Surviving the recovery process deepens the love and intimacy in the relationship. Ultimately, that helps both of you enjoy great sex. "Survivors can have happy, fulfilling lives, and great sex lives," Haines says. "As one survivor said to me: 'We who have done the work of sexual healing have some of the best sex lives around. We've had to redefine sex for ourselves. We've done the personal work that most people need to do, whether they're survivors or not.' "





## PART 3

### MEETING EVERYONE'S NEEDS



## “YOU WANT TO TRY WHAT?”

### TAKING SEX TO THE NEXT LEVEL

Your sex life isn't exactly boring, but you're not filling the sky with fireworks, either. You've had fantasies of adding some spice—perhaps you want to use a sex toy or would like her to do something different during fellatio. Only you're not sure your lover will welcome these variations, and you're concerned she'll think you're weird just for suggesting them.

Asking for changes in any aspect of life means taking risks. But asking for changes in lovemaking involves risks so daunting that many people become paralyzed. “Asking for sexual variations is so emotionally loaded,” says *Great Sex* advisory board member Dennis Sugrue, Ph.D. “The person who wants something different typically fears reactions like: ‘Oh my God, I married a pervert.’ It's also hard to be on the receiving end of requests for sexual changes. People think: I must be awful in bed.’”

Introducing novelty may be less difficult than you imagine. The key, Sugrue explains, is for lovers to pledge to be open-minded and nonjudgmental, while always reserving the right to decline or modify lovers' requests for experimentation.

**Start nonsexually.** Trying new things in bed is a subset of trying new things in general. When people experiment out of bed, they often become more open to sexual experimentation as well. A good place to start promoting sexual novelty is in the area of nonsexual fun. Suggest a new restaurant, hiking trail, golf course, vacation spot, anything. Invite negotiation. Savor—and study—the give-and-take between you, how you and your lover make decisions to experiment. Keep your discussions playful. It's fine if either of you decides you don't like whatever it is you're trying. In relationships, as in science, many experiments fail. The important thing is to nurture openness to experimentation.

Novelty need not involve major changes. When you're trying to persuade a lover of the rewards of experimentation, small changes are significant steps in

the right direction. Be patient. Try to maintain your sense of humor.

If your lover is a real stick-in-the-mud, don't let it get under your skin. Instead, use it to encourage experimentation. She may not be opposed to change as much as she finds deep comfort in what's familiar. Gently point out that novelty is a gateway to appreciating the familiar. Think about it: One of the pleasures of vacations is returning home to your own bed and familiar surroundings. Of course, you can't enjoy that pleasure unless you go away for a while. If you'd like your lover to experiment more, it usually helps to celebrate returning to the tried and true.

**Go on “surprise” dates.** One way to enjoy playful experimentation is to take turns planning what Barbara and Michael Jonas, creators of the games *An Enchanting Evening* (see [chapter 1](#)) and *SEXsational* (see [chapter 14](#)) call “surprise dates.” Their rules: One of them takes complete responsibility for planning the date, and keeps it a secret until it's time to go. The planner reveals only two things: what time to be ready and what to wear. The other agrees to go along for the ride. The planner agrees not to arrange anything that would unnerve the follower, and the follower agrees to keep an open mind, even if the date involves something unfamiliar. “Surprise dates recreate the excitement and novelty of falling in love,” Barbara explains.

The emphasis should be on spending quality time together while doing something a little out of the ordinary. Don't make sexual experimentation the focus of surprise dates you plan—at least not at first. They need not include an overtly sexual component to carry an erotic charge. But after a few, when—let's hope—you've both developed a taste for the playful novelty of surprise dating, you might remind your lover that there's also something new you'd like to try in bed. . . .

Occasionally a surprise date can be created around sexual experimentation. Imagine taking your reluctant-to-experiment partner to a familiar bar, then to a favorite restaurant, and from there, to a stroll along a familiar route. Your lover is bound to ask: “So, what's the surprise tonight?” You reply: “Wait till we get home.” Then you smile and provide reassurance that what you've planned is new—but not too different from what you already enjoy.

In lovemaking, the setting plays a role in a person's willingness to experiment. “That's why so many couples discover that romantic getaways produce sexual heat,” explains *Great Sex* advisory board member Marty Klein, Ph.D. “Hotel rooms contain nothing that reminds you of the rest of your lives—and your usual limits.” At hotels, it's easier to live in the moment, step out of familiar routines, and try something novel. You can bring a bit of the same freshness to sex at home by making love at a different time or in a different room.

**Make your “Wish List.”** Here’s another approach to sexual requests: First write a list of everything you wish your lover would try. Be specific. Don’t write: “Take more initiative in sex.” That’s too vague. Instead, write wishes like: “Rest your head on my shoulder when we watch TV.” Or: “Massage my neck and shoulders soon after we get into bed.” Or: “Stroke my penis while cupping my scrotum with your other hand.”

Next, rank your wishes in order, starting with the ones you’d find easiest to request and ending with the ones that would be most difficult. Then make your easiest request. That shouldn’t be too difficult—and chances are it’s innocuous, so your lover is quite likely to grant it. Then, not too often, perhaps three or four times a year, make the next request on your list. When? Strategic moments include Valentine’s Day, your birthday, Christmas, your anniversary, when you’re on vacation, or during a surprise date. If you have trouble asking for even the easy requests on your list, consider making requests in love notes. That way all you have to say face-to-face is: “Did you get my note?”

Each time you make a request, you gain experience with asking for what you want. That experience helps with subsequent requests. If your lover grants any request, express heartfelt appreciation. Everyone likes compliments from a turned-on lover. Your thanks and enthusiasm might prove contagious.

What if your lover declines a request? Be gracious. Respect her decision. Subsequent requests might still be granted. Most people don’t have more than a dozen wishes on their lists. Even if your lover does not grant all your requests, within a year or two, you may still gain almost everything you want sexually.

The wish list works best as a couples’ game. Both of you compile lists and make requests at the same time.

**Consider the next best thing.** As you—and possibly your lover—work your way down your wish list(s), it’s quite possible that one of you won’t want to do exactly what the other wants. But the reluctant person might be perfectly willing to try something similar, an approximation of the request. “When people insist on getting exactly what they want sexually,” *Great Sex* advisory board member Louanne Weston, Ph.D., explains, “things can become polarized, and the other person may refuse. I always advise couples to welcome getting half a loaf. Most people don’t really need all their erotic dreams to come true. If they get something close to what they want, they feel like their lover is willing to make changes for them. That’s very validating—and arousing.” If what you end up doing is close to what you wanted originally, simply fill in what’s missing with fantasy.

That’s the philosophy behind change by successive approximations. “Many lovers aren’t willing to make big changes,” Sugrue explains. “For example,

when a man suggests anal intercourse, the woman might refuse. But she might be willing to have her buttocks massaged. When she feels comfortable with that—and feels confident that the man respects her limits—she might be willing to have her anus massaged. After a while, she might be willing to be anally fingered. You might never get to penis-anus intercourse, but over time, small steps can add up to something close, while not violating anyone's comfort zone.”

Every time a lover takes a step in the desired direction, no matter how small, express appreciation. “Over time, people tend to take each other for granted,” Weston says. “It’s so easy to say, ‘Thank you, you’re the greatest.’ That’s especially important when a lover grants a sexual request.”

“In one couple I counseled,” recalls *Great Sex* advisory board member, Linda Alperstein, M.S.W., L.C.S.W., “the woman was happy to give oral sex but her husband refused to reciprocate, which left her feeling frustrated and rejected. It turned out that in his previous marriage, he’d had bad experiences with cunnilingus. His previous wife pushed his head between her legs and held it there. He felt used. In counseling, the wife pledged to let him explore cunnilingus in his own way, at his own pace. He started very slowly, first by kissing her belly, and then slowly, over several weeks, working his way down. She lay there passively, giving him complete control. Eventually, he was fine with providing cunnilingus—not every time, but enough to satisfy his wife.”

Alperstein also suggests that couples in long-term relationships weigh the relative importance of what they have in the relationship against what new sexual moves they’d like. “If your sex life is generally enjoyable,” she explains, “ask yourself: Can I live without this and still be happy? Is it frosting on the cake? Or the cake? If it’s frosting, then negotiate to get close to what you want and fantasize the rest. If it’s cake, then I’d recommend sex therapy because the issues might get complicated.”

**Lend a guiding hand.** Another way to make sexual requests is to guide your lover’s hand. If you do it during lovemaking, it might break the erotic focus. So save it for afterward, when you’re feeling close. Take your lover’s hand and say, “Let me show you something I like.” Then guide your partner’s hand to the place you’d like to be caressed and describe how you’d like to be touched. Ask: “Would you do that for me next time?” Offer your own hand and let your lover know that you’re open to granting requests as well as making them.

When working to coax a reluctant lover to try new things in bed, it’s crucial to be patient. Warming up to sexual novelty often takes time. Give your lover the gift of that time. Take small steps toward your ultimate goal. Over time, small changes add up.

## MASTERING THE ART OF ORAL SEX

No porn movie is complete without oral sex. Porn actors—both men and women—can't get enough of giving it and receiving it. And, to give pornography its due, it has introduced many people to oral sex, shown them the basics of performing it, and helped portray it as a normal, acceptable component of partner sex.

This was not always the case. As a form of nonprocreative sex, in the United States, oral sex historically was considered “sodomy” and outlawed. In a few states, laws against oral sex are still on the books, though rarely, if ever, enforced.

Oral sex might be universal in pornography and generally culturally acceptable, but not everyone enjoys giving or receiving it. The University of Chicago survey discussed in the Introduction shows that about three-quarters of Americans have engaged in oral sex at some point in life, but that only about one-quarter said it had been part of their lovemaking the last time they had sex before being surveyed. Similarly, the University of California survey shows that only about half of respondents recalled giving or receiving oral sex during the 12 months before they were surveyed. Other surveys show that as education, income, and socioeconomic status increase, so does comfort with oral sex.

“Although most people have performed and received oral sex,” note Cathy Winks and Anne Semans, coauthors of *The Good Vibrations Guide to Sex*, “many feel embarrassed, uncomfortable, or downright repulsed by the idea of mouth-to-genital contact. Perhaps it’s that oral sex brings you face-to-face with your partner’s genitals. The arms-length detachment of manual stimulation and intercourse can’t be maintained when you’ve got your nose, lips, and tongue soaked in your partner’s juices. There’s a unique intimacy and vulnerability, no matter if you’re the one receiving your partner’s tongue or the one savoring your lover’s genitals.”

No one should feel obligated or pressured to do anything sexual that they don’t want to do. But some people avoid oral sex not because they find it objectionable, but because they fear sexually transmitted infections, feel self-conscious about the look/taste/smell of their genitals, or worry about not doing it properly.

Some people enjoy oral sex as a prelude to intercourse. Others prefer it to intercourse, and are happy with oral lovemaking on its own. Some alternate between the two. There is no right or wrong. Work out the mix of oral, intercourse, and other sexual variations that you enjoy.

Finally, oral sex is an enjoyable option for couples limited by a physical

disability that prevents them from having intercourse.

Here are some suggestions for making the most of oral sex. For more suggestions, check the wealth of sexual information provided on the websites listed in the Resources.

## GIVING ORAL SEX (CUNNILINGUS) TO WOMEN: TIPS FOR MEN

The term “cunnilingus,” comes from the Latin *cunnus*, for vulva (women’s external genitals) and *lingerie*, to lick. Licking a woman’s vulva is a lot like kissing her lips. The basics are pretty simple, but countless creative variations keep it interesting, fresh, passionate, and fun. “Cunnilingus is among the most intimate sexual experiences two people can enjoy together,” Weston says. “For some women, it’s the source of their most intense orgasms. For others, it’s embarrassing. Men feel similarly. Some love providing it, while others feel reluctant or refuse.”

“The myth is that men just want to be sucked and don’t enjoy going down on women,” Sugrue says. “I’ve never found that to be the case. It’s more likely than intercourse to bring women to orgasm. So for many men, providing enjoyable cunnilingus is proof that they’re good lovers.”

### THE BASICS

**Brush up on her anatomy.** For the unabridged version, take another look at [chapter 7](#). Briefly, a woman’s external genitals include the fleshy outer vaginal lips (labia majora), the thinner pink inner lips (labia minora), the clitoris nestled under the clitoral hood at the upper junction of the vaginal lips, the vaginal opening, and the erotically sensitive urethral sponge between the clitoris and vagina. Basic cunnilingus involves licking the vulva from the vaginal opening to the clitoris. As women become sexually aroused, their outer vaginal lips fill with extra blood, which opens them a bit, exposing the inner lips and the sensitive tissue between them.

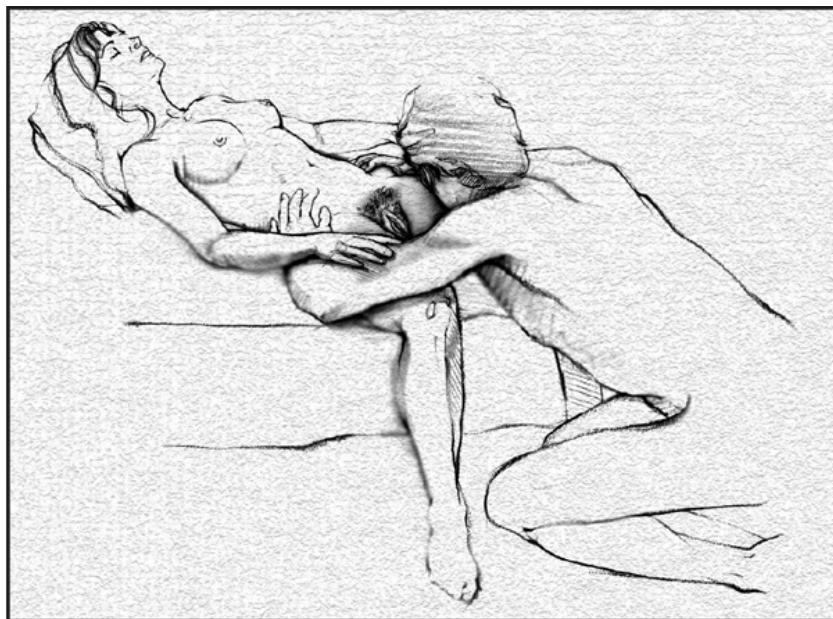
Your tongue is much softer than your fingers, so it can provide the gentlest possible stimulation of the clitoris and vulva. “For many women,” Weston explains, “The gentleness of oral sex is what makes it so enjoyable.”

**Make your intentions clear.** “Tell a new lover that you’d like to go down on her,” Alperstein advises. “Either say something, or kiss her on the way down—her neck, the tops of her breasts, her nipples, her belly, so she gets the idea where you’re headed. You might check in, saying, ‘I’d like to keep going down. Is that okay?’” Continue slowly.

**Get comfortable.** Try slipping a pillow under your lover’s hips to raise her a

bit. Or gently coax her to the end of the bed so her buttocks rest on the edge of it. Then you can kneel on the floor.

**Go slow. Be gentle.** Don't dive into cunnilingus all at once. Start by nuzzling, kissing, and licking her inner thighs and the area around her vulva. "Many women prefer a slow approach," Weston explains. "That allows anticipation to build, which can feel very arousing."



A slow approach builds excitement.

As you move toward her genitals, begin by licking the fleshy outer lips. Run your tongue up and down them. Nibble them gently with your lips (not your teeth). Next, work your tongue in between the outer lips to caress the smaller, thinner, inner lips. Then circle the vaginal opening and perhaps gently insert your tongue—or a finger or two—inside her vagina.

Approach the clitoris slowly and gently. Some women enjoy a man's tongue directly on the clitoris. Others find direct clitoral licking too intense, even uncomfortable. They prefer it when the tongue only lightly caresses the clitoris or circles it, which stimulates it less directly.

**Use words, not actions.** Sometimes people unwittingly use touch to indicate how they want to be touched. "Sex is one place you don't want to do unto others as you'd like them to do unto you," Alperstein explains. "Ask specifically for the stimulation you want. And ask what kind of stimulation your lover wants." If you lick her clitoris extra vigorously because that's how you like to be stroked, she won't get it—and she won't enjoy it.

**Get feedback.** As you lick, check in with her: "Is this too intense?" "Do you

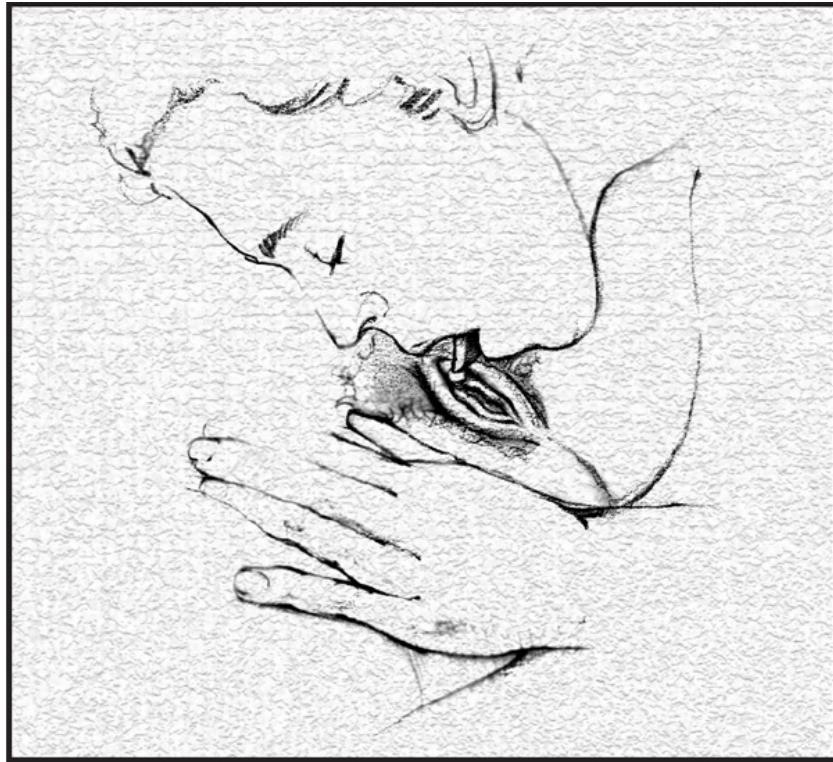
want it lighter, firmer?" "Or make a game of it," Klein suggests. "Lick her one way and call it 'A.' Lick her another way and call it 'B.' Then ask which she likes better, A or B." Check in often until you're confident that you know her preferences. Then check in periodically after that. Preferences change, or she may just be in the mood for something a little different.

Some women feel reluctant to discuss their reactions to oral sex. Instead they use body language. She might squirm if she finds a certain sensation uncomfortable, which might be easy for you to misinterpret and think she's in the throes of delight. That's why it's important to check in verbally: "Is this too intense?" "Is this okay?" "A or B?"

After orgasm, many women experience unusual clitoral sensitivity and don't like to be touched or licked there. This is normal. If you like "last licks" after she comes, check in about where and when she might like to be licked. If not her clitoris, perhaps her vaginal lips or vaginal opening. Or come up from between her legs and hold her, kiss her, and massage her any way she likes.

## BEYOND THE BASICS

**Use all your resources.** Alternate using the tip of your tongue, the flat of it, and your lips as you move around her vulva. All three feel a little different and provide subtly different sensations. One way to use the tip of your tongue to its fullest advantage is what's known as the "little lick trick," "quicky lucky," or "snaky lucky." Instead of steady tongue pressure on the clitoris or swirling moves around it, you use the tip of your tongue to tease just the underside of the clitoral shaft with light little licks about once every 10 to 15 seconds.

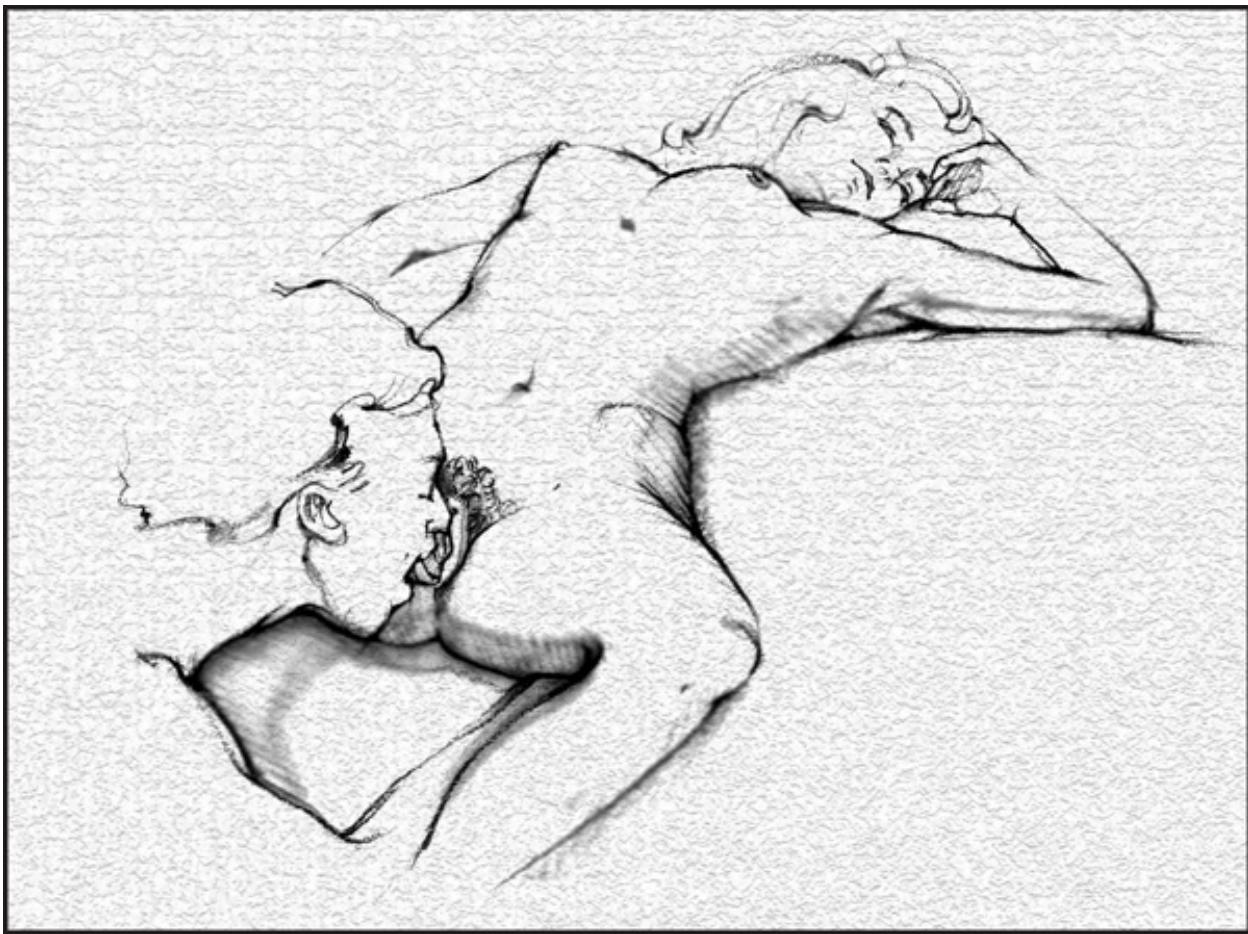


The “little lick trick” helps some women who feel highly aroused get past the plateau and express orgasm.

**Take a combination approach.** Combine licking with finger and palm massage. After circling her vulva with your tongue, do the same with a finger or two, using light, moderate, or deep pressure, whatever she prefers. Use your fingers to gently part her vaginal lips. Massage her inner thighs. Finger around her anus as you provide oral caresses, or gently insert a well-lubricated finger. (If you touch her anal area, wash with soap and water before using that finger or hand to touch her vagina or vulva. Otherwise she could develop a urinary tract infection.)

**Remember the whole-body approach.** Combine oral sex with massage of other parts of her body. Some women enjoy having their breasts caressed during oral sex. Others enjoy whole-body massage. Try slipping a finger or two into her mouth so she can suck them while you’re licking her. Or combine oral sex with any sex toys she enjoys.

**Use your nose.** A “nose job” is a slight variation on cunnilingus. You use your lips and tongue to pleasure her vaginal lips and vagina, while using the tip of your nose to stimulate her clitoris or vulva.



The tip of the nose, while pliable, is much harder than the tongue. Check in with her about the pressure you use.

**Vary the intensity.** Some women who prefer very light licking of the clitoris early in oral sex need more intensity later on as they get close to orgasm. Keep checking in.

**Be enthusiastic.** Beyond the various cunnilingus techniques, something else affects whether your lover enjoys oral sex—your enthusiasm about providing it. Assuming that you enjoy providing cunnilingus, make that clear. Say so, or make sounds of contentment as you provide it. “Few things detract from a woman’s enjoyment of oral sex,” Weston explains, “as much as the suspicion that her man considers it a duty, or worse, a chore.” If you like providing cunnilingus, say so.

## ORGASM ISSUES

Some women produce fluid on orgasm. The fluid isn’t urine, though it may contain some. It’s chemically closer to prostate fluid, so ingesting it isn’t all that

different from a woman swallowing a man's semen. If they ejaculate during oral sex, many women feel concerned about "squirting" in the man's face. This is also an issue for a lot of men. Another consideration is the possibility of the man ingesting some of this fluid. Discuss your feelings about this. There's no right or wrong, just personal preferences.

## HYGIENE ISSUES

Some women are reluctant to receive oral sex because they think their genitals are unattractive or smell bad. "It takes only one man saying something 'smells fishy down there' to make women so self-conscious that they don't want oral sex," says Weston.

The fragrance and taste of the vulva and vagina depend on several factors: personal hygiene, the menstrual cycle, and general genital health. Normal washing with soap and water keeps the vulva and vagina clean, and tasting rather like the mouth does in deep kissing, except that oral sex includes the flavor and fragrance of the woman's sexual arousal. Many men love the aroma and taste of their lovers' genitals. But if you have problems with this, try a flavored lubricant, whipped cream, or flavored body toppings, available through the sexual enhancement retailers mentioned in the Resources. Or suck on a mint or wintergreen lifesaver while providing oral caresses.

Some men and women feel concerned about oral sex during a woman's menstrual period. Discuss this. Menstrual flow might come in contact with the vulva or clitoris if the woman uses sanitary napkins. Contact with menstrual flow is much less likely if she uses tampons. She might also use a diaphragm to catch the flow. However, menstruation may change the aroma and taste between a woman's legs.

"If she thinks her genitals are unattractive," Klein says, "you probably won't be able to convince her otherwise. But you can certainly say: 'You may not like how you look, smell, or taste down there, but I do.'"

Some women like having their anuses licked (analingus). As long as it's clean, there's nothing "dirty" about licking that opening as part of oral sex. If you're concerned about hygiene issues, wash or shower together beforehand. She might also use an enema before washing. Disposable enemas are available over-the-counter at pharmacies.

## GIVING ORAL SEX (FELLATIO) TO MEN: TIPS FOR WOMEN

The term "fellatio" comes from the Latin, *fellare*, to suck. "Fellatio can be profoundly symbolic," Klein explains. "For many men, it's the ultimate in sexual

acceptance from a woman. Even when it isn't, fellatio is an opportunity for the man to lie back and just receive pleasure, which is something many men find very arousing. Fellatio is very wet, which increases the penis's sensitivity. And most women can be more varied and creative with their lips and tongues than with their vaginas."

"Lots of women derive pleasure from feeling a firm erection in their mouths," says Weston. Others are reluctant—or unable—to provide oral sex. Some feel uncomfortable being that close to the man's erection. "Few relish having their heads held firmly while their lovers push erections deep down their throats. That makes most women feel powerless and used." If you lie on your back and she leans down from above you, she has a great deal of control and can be as playful and creative as she likes. "Many women enjoy that," says Weston. "as well as seeing how much their lovers enjoy fellatio."

Some women fear that the man might accidentally urinate during fellatio. Fortunately, nature has taken care of that. The penis houses a tiny valve that allows semen—but not urine—out when it's erect, and allows only urine to flow when the penis is flaccid. Some women feel repulsed by having semen squirted into their mouths (see [here](#)). Others rebel against the idea of swallowing it. If a woman is adamantly opposed to providing fellatio, respect her feelings. No one should ever feel badgered or pressured into doing anything sexually that they don't want to do.

Just like women, many men feel self-conscious about their genitals. Most men are convinced that their penises are "too small," even though the overwhelming majority are normal-size. And if a man is among the one in 200 men who have hypospadias or epispadias—birth defects in which the urethral opening is located not dead center at the tip of the penis—he may feel reluctant to have a lover's eyes get close enough to notice (see [here](#)). "Men appreciate compliments as much as women do," Sugrue says. "If a woman enjoys the look, feel, smell, or taste of her lover's penis, I'd encourage her to say so."

Guys, feel free to direct her oral explorations in ways that heighten your arousal. But she'll probably respond more positively to gentle requests than terse commands. No one likes to feel ordered around. "Remember, this is a gift of pleasure you're receiving," Weston explains, "not something you are demanding of a slave."

## GETTING PAST GAGGING

The 1972 pornographic film *Deep Throat* invented a character whose clitoris was located way back in her throat. In order for her to have orgasms, she had to take men's erections deep down there. *Deep Throat* became the first—and virtually only—X-rated movie to break out of the porn ghetto and play to mainstream audiences. It grossed \$600 million. Since then, many men have wanted a deep-throat experience, and many women have been interested in providing this variation on fellatio. The problem is that deep-throating—and even a good deal of ordinary fellatio—triggers gagging.

Stick anything too far down the throat, and the body gags. It's a defensive reflex that helps prevent choking. In addition, some women have unusually sensitive palates. They gag very easily, which can make them afraid to take a penis into their mouths at all. There are several ways you each can deal with this:

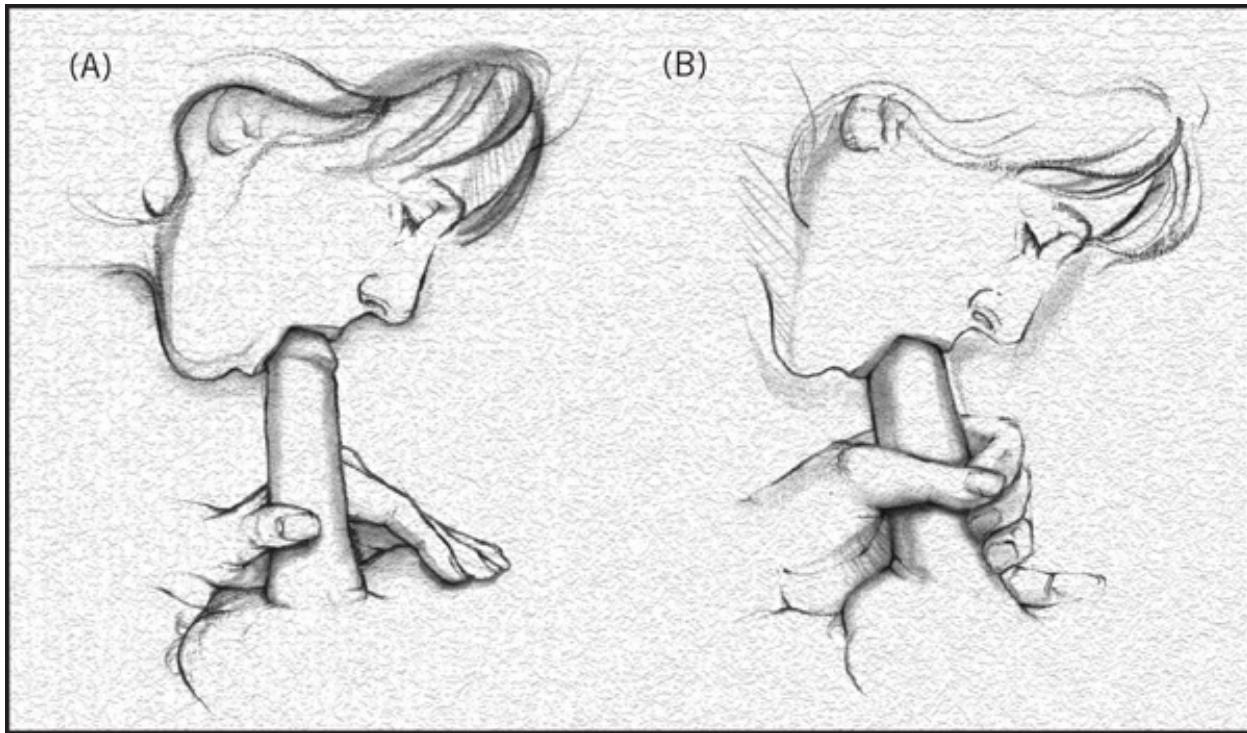
## What You Can Do

**Give her control.** Gagging is partially triggered by anxiety. A woman is much more likely to gag if you push your penis down her throat than if you remain still so she can control how deep it goes. If you want her to take you more deeply, stay still and let her accept your penis into her mouth in the way and at the speed that's most comfortable for her. When the woman is in control, she's less likely to gag.

## What She Can Do

**Practice.** It's possible to take some conscious control of the gag reflex. To desensitize it, start in a nonsexual situation, for example, while brushing your teeth. Introduce your toothbrush into the back of your mouth. Play with brushing the back of your tongue. Breathe deeply and visualize yourself not gagging. Discover the point at which you gag. Over a few weeks, as you continue to experiment with your gag reaction, you should notice that you don't gag quite as easily.

**Provide the next best thing.** If you gag easily, another option is mock deep-throating. Rub your hands together vigorously to warm them. Apply some lubricant to one hand. Take as much of his penis into your mouth as you can comfortably accommodate (A), then use your warm, well-lubricated hand to stroke the rest of his shaft (B). "This comes very close to the sensation of being deep-throated," Weston explains.



## THE BASICS

The basics of fellatio are similar to the basics of cunnilingus:

**Brush up on his anatomy.** Review the section on male anatomy in [chapter 4](#). For most men, the head of the penis is the most erotically sensitive part, but the shaft and scrotum are also quite sensitive to oral caresses.

**Make your intentions clear.** Either tell him what you want to do or kiss him on the way down—his neck, chest, nipples, and belly, so he understands where you’re headed. Work your way down slowly.

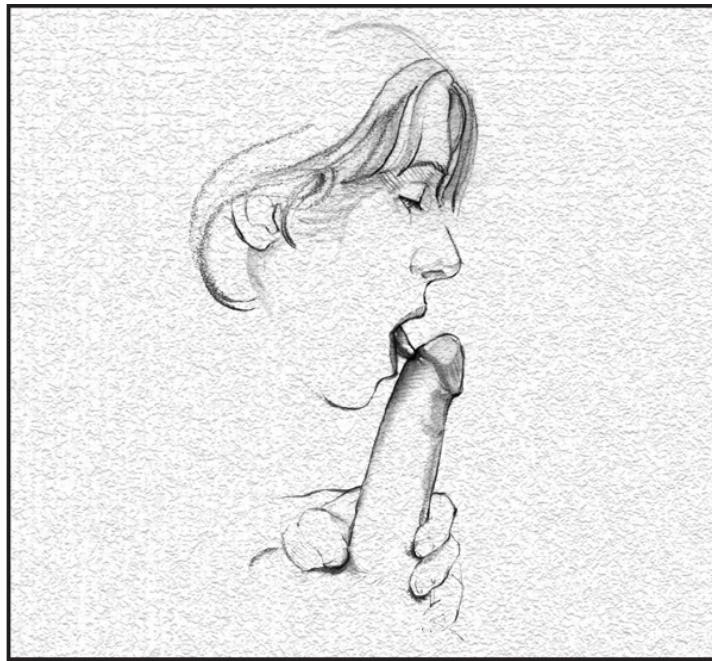
**Get comfortable.** Depending on what position you’re most comfortable in, you might prefer him to stand, sit, or lie on his back, his side, or in some other position. He might also have position preferences. Discuss this.

**Build anticipation.** Don’t dive right into fellatio. Start by kissing and licking the area around his genitals. When you arrive at his erection, start by kissing the head of his penis. Next lightly part your lips and lick the head and the corona, the little ridge around the base of the head. Then take the head into your mouth, using your lips and tongue to caress it and the corona—particularly the frenulum, the part of the corona on the underside of the head. Eventually, move your head up and down so that your lips caress as much of the shaft as you can comfortably take in your mouth. However, the shaft is considerably less sensitive than the head, corona, and frenulum, so return frequently to these sensitive places—unless your lover asks for something different.

**Get feedback.** Check in with him: “Is this okay?” “Too intense?” “Too light?”

## BEYOND THE BASICS

- Alternate sucking with licking the head and shaft.
- Flick your tongue rapidly around the head.
- Lick or nibble the scrotum.
- While providing oral caresses, use one hand or both to stroke his shaft, cup his scrotum, or provide whole-body massage.
- Alternate sucking with gently squeezing the head or shaft between your thumb and forefinger.
- Gently slap his erection against your lips or outstretched tongue.
- Try the “little lick trick,” discussed in the section on cunnilingus. Lightly lick the underside of the head of his penis for a few seconds once every 10 to 15 seconds.



### The Little Lick Trick

Using this technique varies the level of stimulation you receive.

- While sucking, massage him elsewhere. Some men enjoy massage of the anus during fellatio. Others like being anally fingered—use plenty of

lubricant, and make sure your nails are trimmed.

- About using teeth during fellatio: Most men prefer lips and tongue only, no teeth. However, the erect penis is a tough little organ, so light nibbling with teeth along the shaft is unlikely to cause harm. Ask if your partner is open to this. If so, keep it gentle, and check in: “Is this okay?” Adjust your moves according to his reactions.
- If providing fellatio gives you pleasure, say so. Most men get turned on knowing that their lovers enjoy providing oral caresses.

## **ORGASM ISSUES**

While fellatio can be great fun for both of you, some men who have no difficulty having an orgasm during masturbation or vaginal intercourse have problems climaxing in a woman’s mouth. It’s usually because oral caresses, while sublime, may not provide enough of the kind of stimulation he needs to trigger orgasm. A combination of oral attention to the head of the penis plus vigorous stroking of the shaft by hand is usually sufficient to trigger ejaculation. Some men really enjoy the combination of light, feathery lip and tongue action with tight-grip shaft stroking. For different, possibly preferable sensations, the woman might wear a glove on her hand.

## **HYGIENE ISSUES**

Wash your penis and scrotum with soap and water whenever you bathe or shower. If you’re not circumcised, retract the foreskin and wash its inner skin. Dirt and bacteria can build up there, which may make your penis smell and taste bad—and increase your risk of transmitting sexual infections.

Some men enjoy the sensation of oral caresses around the anal area (analingus). As long as it’s clean, there’s nothing “dirty” about it. Bathing or showering together beforehand resolves hygiene concerns and can be a sensual appetizer to lovemaking.

## **SPIT OR SWALLOW?**

Many women are happy to have men ejaculate in their mouths and have no problem with the taste of semen or swallowing it. Others can’t stand the idea. Some worry they might gag from the force of ejaculation. Others don’t care for the taste. And some object to ingesting semen. If a woman is adamantly opposed to your coming in her mouth or swallowing your semen, respect that. Don’t push her to do anything sexual that turns her off. However, if your lover is

ambivalent, here are some suggestions that might help her become more comfortable with the idea.

**Ease her concerns.** Explain that the force of ejaculation isn't as strong as she might think. She can get a more accurate idea of the force if she watches you ejaculate or holds her hand around the head of your penis while you ejaculate. If she's not open to this idea, you might explain that it feels more like chewing that brand of gum with the liquid center. When the liquid squirts out, it's gentle. If she complains about the taste of your semen, you might be able to change its taste (see sidebar below).

A condom is a must if either of you have concerns about sexually transmitted infections (STIs). It is possible for a woman to contract gonorrhea this way. Get tested regularly for STIs, and get treatment if you have one. (For more on STIs, see [chapter 12](#).)

**Play chemistry teacher.** As for swallowing semen, when women learn that it's more than 95 percent water, some become less squeamish.

## HYPOSPADIAS

### A COMMON—AND LITTLE-KNOWN—PENILE BIRTH DEFECT

**C**onsider the head (glans) of the penis, and not even all of it, just the tip where the urethra opens. For about one man in 200, the urethral opening isn't located there, but off-center toward the underside of the penile shaft. This condition is called hypospadias (high-poe-SPADE-ee-as), and it's one of the most common birth defects in males.

Usually, the urethral opening is only slightly off the mark, 1/8 to 1/2 inch toward the underside of the penis. Boys with minor hypospadias typically grow up feeling like freaks. They do their best to avoid locker room situations, and they become adept at casually hiding their genitals in situations where they must be naked around other boys. Fortunately for them, mild hypospadias often goes unnoticed in locker rooms because the genitals are viewed from a distance and the flaccid penis hangs down, obscuring the urethral opening. Mild hypospadias usually does not become a subject for discussion until the man's early years of sexual activity, when women about to provide oral sex get a close enough look at his erection to say things like: "Hey, your penis looks strange. . . ."

Some men have more severe hypospadias. In these cases, the urethra opens much farther down on the underside of the penis, sometimes at the base of the shaft near the scrotum. Men with severe hypospadias cannot use urinals. They must sit to urinate. They also typically feel devastated by their situation. In the few articles written about severe hypospadias, not one man has consented to be identified by name. The severity of the condition is that mortifying. Men with severe hypospadias tell heart-rending stories of being rejected by women as "mutants."

Hypospadias is typically diagnosed in infancy. Urologists usually advise parents whose sons

have the mild form to leave well enough alone, avoid surgery, and inform the child that it's no more a deformity than, say, an innocuous mole on the skin. Mild hypospadias does not interfere with urinary or sexual function. However, some parents insist that mild hypospadias be surgically corrected. This is usually possible by stretching the urethra, though it leaves scarring on the underside of the glans.

When a child has severe hypospadias, urologists usually advise parents to have it surgically corrected. Depending on the situation, this may involve up to several operations, and transplanting blood vessels to substitute for the missing length of urethra. These operations leave more extensive scarring. But today, surgical techniques have improved so that most cases of severe hypospadias can be corrected enough to allow the boy to urinate into a urinal and function sexually.

It's not clear why hypospadias develops. But since 1970, the rate appears to have risen, by some estimates, doubling. The rate also appears to have increased in other industrialized countries, but not in the nonindustrialized world. In animal studies, exposure to certain industrial chemicals, notably chlorinated pesticides, causes this birth defect.

While scientists continue to debate the cause of hypospadias, men with the condition struggle to live with it. Fortunately, that has become a little easier since the founding of the Hypospadias and Epispadias Association (HEA). (Epispadias is a similar but much rarer condition where the urethra opens on the top side of the penis.) Anyone interested can contact the HEA through this Web site: <http://groups.yahoo.com/group/hypospadiasepispadiassnforum>.

## CAN YOU CHANGE THE TASTE OF SEMEN?

Many women complain about the way semen tastes. It's one of the top reasons women don't like to provide oral sex or have semen in their mouths, much less swallow it. Not surprisingly, many men and women wonder if there's any way to improve the taste of semen.

An extensive search of the medical literature and the Internet turned up no reliable research on this subject—but no shortage of opinions. Urologists generally say men can't do anything about the taste of their semen. Because semen is made up of a specific blend of substances that provide a stable environment for sperm, its composition rarely changes, notes Lawrence Ross, M.D., of the University of Illinois in Chicago. So, it stands to reason that if its composition is constant, its taste must be, too.

However, many women say otherwise, insisting that certain foods or drinks make a difference. One-time porn star Annie Sprinkle, who claims to have tasted the semen of 1,000 men, says vegetarians taste best, that drinking fruit juices improves the taste, and that smoking, alcohol, meats, and asparagus make semen taste worse.

Opinions on the Internet agree that a diet high in fruit and fruit juices, especially pineapple and apple juice, sweeten the taste of semen. People also suggest that the following foods make it less palatable: broccoli, cauliflower, brussels sprouts, fried foods, meats, dairy, alcohol, coffee, and asparagus (also well-known for its ability to alter the aroma of urine).

If you'd rather not change your diet, or if diet changes don't work, a woman may be able to mask the taste of semen by keeping a hard candy in her mouth during fellatio. People on the Internet recommend peppermint and wintergreen, which feel pleasantly cool on your penis, an extra bonus.

It may also help her to know that the typical ejaculation contains only 15 to 25 calories.

**Try a chaser.** To make swallowing easier, suggest she have a strong-flavored drink in a glass with a straw within arm's reach—for example, grape juice, chocolate milk, ice tea, red wine, or a liqueur. It's not difficult for most women to suck on a straw while holding a teaspoon of semen in their mouths. The beverage can help the semen go down easier.

If your lover would rather not swallow, respect her sexual boundaries. "Coming in the woman's mouth, and having her swallow, are overrated," Klein says. "They're largely symbolic. A woman can be head-over-heels in love with a man and totally accept him—and still feel that a mouthful of semen isn't her erotic cup of tea."

You can enjoy the sensation of ejaculating in a woman's mouth without actually doing so. Here's how.

**Learn good ejaculatory control.** Review the stages of sexual response in [chapter 5](#). During fellatio, as you approach your point of no return, signal your partner. At that point she can withdraw her mouth and stroke your erection with two well-lubricated hands until you ejaculate.

**Use condoms.** If a woman would rather not have semen in her mouth, compromise on fellatio by using a condom. That way you can ejaculate inside her mouth, but not into it. To enhance the pleasure of condom-covered fellatio, place a drop of lubricant on the head of your penis before rolling on the condom. To make it more enjoyable for her, use flavored condoms. Or she can keep a hard candy in her mouth.

**Find another erotic focus.** In one of the rare "positive" porn-based messages for women, the women in adult movies almost never swallow. Instead, they make a great show of letting semen dribble out of their mouths and massaging it into their skin. This can be quite an erotic sight.

## LUBRICANTS: THE SLIPPERY SECRET OF GREAT SEX

It takes only 10 seconds to demonstrate that sexual lubricants enhance lovemaking.

1. Close your mouth and dry your lips.
2. Run a finger lightly over them, paying close attention to how it feels.
3. Now, lick your lips.

4. Run the same finger lightly over your moist lips, again focusing on how it feels.

Chances are the caress with moistened lips felt more sensual. Now you know how sexual lubricants can help you enjoy more pleasure in lovemaking.

In this exercise, the lubricant was saliva. Good old saliva is the world's most popular sexual lubricant. It's effective, readily available, and free. But saliva is also more watery than slippery, not to mention that it dries quickly. For pleasure enhancement, it's simply not as effective as commercial lubricants. For a modest cost, commercial lubes add new sensuality to lovemaking.

Despite their benefits, not many Americans use lubricants. Why? Because most people believe that "normal" sex involves only the body, and nothing else. "Actually," Weston says, "Lubricants are as natural as any other sex enhancer: candlelight, soft music, lingerie, or a glass of wine."

Many sex manuals overlook the pleasure lubricants add to lovemaking, mentioning them only in passing for women who do not produce sufficient vaginal lubrication. They make insufficient lubrication seem abnormal. It isn't. Some women just don't produce much, and even if a woman self-lubricates copiously, she and her lover might enjoy a little more. Finally, lubricants are not only for women. Many men find that they add new comfort and pleasure to both masturbation and intercourse, especially intercourse using a condom.

Most sex researchers have also ignored lubricants. The landmark Sex in America survey at the University of Chicago described in the Introduction asked nothing about lubricants. However, women participants were asked if they'd suffered insufficient vaginal lubrication during the previous year. Almost 20 percent said yes. Some may have used commercial lubes to deal with this problem. (I hope so.) But clearly, a 20-percent prevalence of vaginal dryness suggests that millions of Americans are in the dark about commercial lubricants, which, in seconds, completely eliminate this problem.

## **LUBRICATION IN WOMEN**

In the 1960s, pioneering sex researchers William Masters, M.D., and Virginia Johnson described vaginal lubrication as a hallmark of sexual arousal in women. They suggested that the vagina produces lubrication fairly quickly as women become aroused. It turns out that this is true for only some women. For many perfectly normal women, vaginal lubrication takes longer to appear, and when it does, there may not be much of it. Women can feel erotically aroused and not produce much lubrication. Besides individual differences between women,

possible reasons for scant self-lubrication include:

**Age.** The female sex hormone estrogen plays an important role in vaginal lubrication. Estrogen production declines with menopause, but the process starts well before 50. Some women notice decreased lubrication as early as their late 30s, and many experience it by their mid-40s. After menopause, vaginal dryness becomes a major sexual issue for women.

**The menstrual cycle.** Because estrogen influences vaginal lubrication, women often produce different amounts at different times of the month.

**Childbirth and breastfeeding.** Hormonal fluctuations may suppress lubrication for a while after delivery.

**Stress.** Everything from job hassles to relationship tensions can impair sexual response in both men and women. In many women, stress reduces lubrication.

**Drugs.** Many over-the-counter and prescription medications decrease vaginal lubrication. The list of potential lubrication suppressors includes: alcohol, cigarettes, antihistamines, cold formulas, birth control pills, marijuana, antidepressants and many other psychiatric medications, Lomotil for diarrhea, Urised and Ditropan for incontinence, scopolamine for motion sickness, and any medication that causes dry mouth.

**Travel.** Everyone knows that flying across time zones induces jet lag. It also causes “lube lag.” Jet lag, combined with dehydration from pressurized airplane cabins, may temporarily decrease lubrication.

**Extended lovemaking.** Even women who produce a good deal of natural lubrication sometimes need more during extended sex.

## LUBRICATION IN MEN

According to Masters and Johnson, shortly before orgasm, the Cowper’s gland produces a few drops of lubricating fluid to moisten the head of the penis, facilitating insertion. This, too, is by no means automatic. In addition, men’s natural lubrication rarely covers any more than the head of the penis. Without additional lubrication, the shaft of the penis may become irritated during extended lovemaking.

## THE BASICS

Four types of lubricants are available over-the-counter at pharmacies: water-based, oil-based, petroleum-based, and silicone-based. Each has advantages and disadvantages. Consider the pros and cons, then experiment to see which you prefer.

**Water-based.** Most lubricants are water-based. They typically contain water;

glycerine, a syrupy-sweet emulsifier; propylene glycol, which helps the product retain moisture; and a preservative. Water-based lubricants also come in two different consistencies: liquid and jelly. Liquid lubes include: Astroglide, Slippery Stuff, Probe Silky Light, and KY Liquid. Jelly lubes include: Probe, KY jelly, and Elbow Grease.

Water-based lubricants are safe to use on the vulva, clitoris, and penis, and in the vagina and anus. They do not stain bed linen or clothing. It's safe to ingest small amounts during oral sex. And they do not eat holes in latex condoms or diaphragms, as petroleum-based lubricants do.

Although water-based lubricants are safe, some of the ingredients might cause irritation or allergic reactions in sensitive individuals. Water-based lubricants work fine on the genitals, but are not meant to be used as massage lotions on large expanses of skin. Many water-based lubricants claim to be "taste-free," but that's not quite true. If you don't like the taste, consider flavored lubricants that use FDA-approved flavorings.

During extended lovemaking, water-based lubricants may dry out. Apply more, or refresh them with a little saliva or water. Keep a small bowl of water by the bed and dip your fingers into it. Or try using a spray mister. After sex, wipe water-based lubricants off with a moist washcloth.

**Oil-based.** Oil-based lubricants include: vegetable and nut oils, Crisco, and butter. They are inexpensive, available at supermarkets, and can be used both on the genitals and as massage lotions. They may be safely applied to the vulva, clitoris, and penis, and used inside the vagina and anus. Crisco is a particularly good lubricant for anal play. Oil-based lubes are safe to ingest during oral sex. They do not eat holes in latex condoms, diaphragms, or cervical caps, but they increase the likelihood that a condom might slip off the penis. That's why STI/AIDS-prevention authorities discourage using oil-based lubes with condoms for safe sex. Oil-based lubes rarely cause irritation or sensitivity reactions. However, they may feel more greasy than slippery. They may stain bed linens and clothing, and they require soap and water to wash off.

**Petroleum-based.** Made from petroleum jelly, mineral oil, or petrolatum, these include Vaseline and baby oil. Petroleum-based lubricants destroy latex and should never be used with condoms, diaphragms, or other latex contraceptives. Latex deterioration occurs remarkably quickly: Within 60 seconds of contact, microscopic holes appear that are large enough for the passage of sperm or sexually transmitted infection organisms.

## LUBRICANTS VERSUS HIV

Recently, Samuel Baron, M.D., a professor of microbiology at the University of Texas Medical Branch at Galveston, identified another good reason to use sexual lubricants. A few brands—Astroglide, Silken Secret, Vagisil, and ViAmor—contain compounds that kill HIV, the AIDS virus, and can reduce risk of HIV transmission. Baron's team tested 22 brands. They added a little of each lubricant to samples of HIV-infected human semen. The four lubricants destroyed HIV in the white blood cells the virus infects. They also killed free HIV in the semen. The four HIV-killing lubes reduced viral replication by more than 99 percent. As this book goes to press, Baron is working to identify the HIV-killing compounds in the four lubricants.

This was a laboratory study. It's not clear if the four lubricants—or others containing the still-unidentified HIV-killing compounds—would prevent HIV transmission in the real world. "To prevent HIV transmission, people should use condoms first," Baron says. "But sexual lubricants help prevent condom breakage, so apart from any HIV-preventive value they might have, they help keep condoms intact, which also is valuable."

In addition, petroleum lubricants should not be used inside the vagina. They are difficult to wash out, may irritate the vaginal lining, and change the vaginal chemistry, increasing risk of infection. They should not be ingested, and may cause allergic reactions. Finally, petroleum lubricants may stain fabric. Despite these drawbacks, many couples like petroleum-based lubricants, particularly for anal play.

**Silicone-based.** Silicone lubricants such as Amorist Ultra Silicone Lube were introduced in the mid-1990s, and are still not widely available over the counter. But several sex toy catalogs sell them. They are a personal adaptation of industrial silicone lubricants (WD-40). Some couples like silicone because it feels silky and is not messy. It also retains its slickness longer than water-based lubes. Silicone lubricants do not damage latex. They are safe for use on the vulva, clitoris, and penis, and in the vagina and anus. They do not stain bed linen or clothing. It's not clear how safe they are to ingest, so it would be prudent not to. Although silicone lubricants are safe, some of the ingredients might cause irritation or allergic reactions in sensitive individuals.

When applying lubricants, don't squirt them directly on your lover's genitals. Right out of the container, they feel cold and jarring. Apply a small amount of lubricant to your hand, rub it between your fingers to warm it, and then caress your lover with lubricated fingers. Try applying lubricants:

**During masturbation.** A few drops can boost the pleasure of solo sex. Your hand glides easily over your genitals. Close your eyes, and it's easy to fantasize that you're receiving oral sex.

**On the clitoris.** Women's natural lubrication may not make it all the way up

to the clitoris. Most women say they enjoy the greatest pleasure from gentle, well-lubricated clitoral caresses.

**On the penis and scrotum.** Lubricant adds an extra dimension to caresses of men's genitals.

**During vaginal intercourse.** Don't just lubricate the vagina. Try lubricating both her vagina and your penis. When a well-lubricated penis enters a well-lubricated vagina, the coupling feels more comfortable, closer, and more erotically satisfying.

**On the nipples.** In both men and women, erotically aroused nipples are exquisitely sensitive to touch. A few drops of lubricant make them even more so. Massage lotions can also add lubricantlike sensuality to nipple and breast caresses.

**Between the breasts.** Many couples enjoy pressing the breasts together and inserting the penis between them. Lube helps this go much more smoothly and comfortably.

**During anal play.** The most common complaint about anal intercourse is, "It hurts." A key reason is lack of lubrication. "Unlike the vagina," Klein says, "the anal canal produces no natural lubrication. It's also a smaller, tighter opening." Use lubricant liberally in and around the anus, and on whatever enters it—a finger, penis, or sex toy. Replenish your lubricant frequently. (For more on anal play, see [here](#).)

Some lubricants marketed specifically for anal play contain an anesthetic (lidocaine or benzocaine) to help reduce discomfort. Be careful with these products. Discomfort is the body's way of saying that something is wrong. Desensitizing products turn off the body's warning system and increase risk of injury. Anesthetics should not be necessary. Loving, skillful anal play should not cause discomfort.

**With sex toys.** Lubricants enhance the pleasure of vibrators, dildos, and other sex toys. Sex toy marketers say toys should not be used without it. Lubricate both the toy and the flesh it touches.

**When using condoms.** Most condoms come lubricated with silicone powder. But for many people, a dusting of silicone is insufficient for comfortable insertion. Coat condoms with a water-based lubricant—not one containing oil or petroleum products. For extra pleasure for the man, rub a drop of lubricant on the head of the penis before placing the condom over it.

**During erotic pauses.** Sexual pleasure comes not only from intimate caresses, but also from the moments between them, as lovers savor the fondling they have just experienced and anticipate additional touch. Think of the time it takes to apply lubricant as erotic breaks that add spice to your lovemaking.

# PLAYING FOR GROWNUPS: FUN WITH SEX TOYS

Sex toys are modern sexuality's "best-kept secret," according to Winks and Semans, who sold the toys for years at Good Vibrations, the friendly, woman-oriented San Francisco sex shop run by women. The University of California survey supports their opinion. When asked if they had used sex toys in partner sex during the previous year, 10 percent of those surveyed said yes, which suggests that some 14 million Americans are sex toy users—and that figure excludes the millions more who use sex toys only during masturbation. "Sex toys may have been on the sexual fringe a generation ago," says Joseph Catania, Ph.D., the survey's principal investigator, "but not anymore."

The origins of sex toys are lost to history, but it's clear that they have been used for at least 2,300 years. Woodworkers around the ancient Greek port of Miletus, on the west coast of today's Turkey, crafted dildos, which the Greeks called *olisbos*. Miletan traders sold them to lonely ladies around the Mediterranean. A Greek literary fragment from the third century B.C. tells of a young woman, Metro, whose husband is away. She visits a friend, Coritto, to borrow her *olisbo*, only to learn that Coritto has lent it to another lonely maiden. Metro departs crestfallen. In Renaissance Italy, *olisbo* became "dildo," possibly from the Italian *diletto*, to delight, or from the Latin *dilatare*, to open wide. Ben-wa balls, a toy used to tone women's pelvic muscles and intensify orgasm, have been used for centuries in Asia. But today's most popular sex toys, vibrators, date from the 19th century, when the first electric appliances were developed.

## DILDOS AND VIBRATORS

The two most popular sex toys are dildos and vibrators. Dildos are artificial penises that have no motors and don't vibrate. Vibrators are also artificial penises, but they're motorized. They use disposable or rechargeable batteries, or an electrical outlet, and can be used for whole-body massage or erotic stimulation, particularly of the vulva, vagina, and clitoris.

Both dildos and vibrators are usually considered "women's" toys. However, both can easily be incorporated into partner sex. The woman might use the toy while the man watches or caresses her elsewhere. One lover might use the toy on the other. Or the couple might play with the toy together. Use your imagination.

Dildos and vibrators may be made of hard or soft plastic, jelly, or lifelike Cyberskin. They may be used like a penis during masturbation or couple play. They can be stroked or rubbed all over the body—particularly against the vulva

and clitoris—and inserted into the mouth, vagina, or anus. Prior to vaginal or anal insertion, both the toy and the opening should be well lubricated.

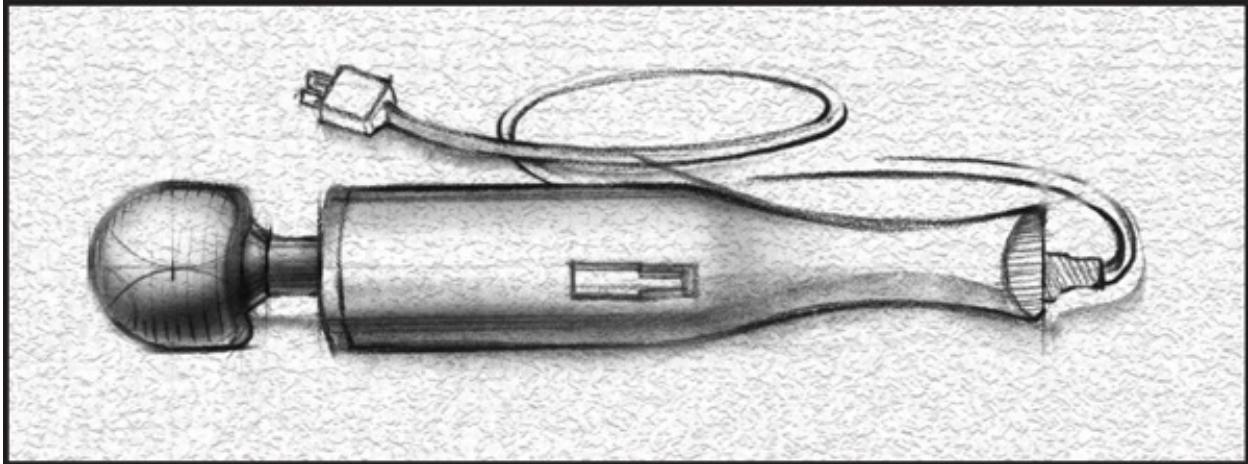
Dildos and phallic vibrators come in many shapes and sizes:

- Realistic-looking artificial penises.
- Larger-than-life artificial penises—sometimes much larger—for those who enjoy fantasies of huge male genitals.
- Double-headed—each end is shaped like the head of a penis and some are quite long. Enjoyable if a woman likes double penetration (DP)—one end in her vagina, the other in her anus or mouth—or if a man and woman want something in their erotic openings simultaneously.
- More abstract or fanciful penislike cylinders that may be contoured, ribbed, or include soft projecting “fingers” to provide unusual sensations.
- Penis extenders or prosthetic penis aids (PPA). These are larger-than-life artificial plastic penises with hollow centers. A man slips a PPA over his erection and presto—he and his lover can play out a fantasy that he’s hung like a stallion.
- G-spot stimulators. These are cylindrical but the top few inches curve, enabling a woman to reach her own G-spot, which is difficult to do with her fingers.
- Double-shafted. In addition to the typical penis- or cylinder-shaped toy, these toys have an extra branch that protrudes from the middle of the toy for clitoral stimulation while the main shaft is inside the vagina. Some double-shafted dildos and vibrators also include a thin appendage for anal play.
- Strap-ons. These dildos and vibrators are designed to fit into a harness that typically a woman wears around her hips and thighs. With the harness and strap-on in place, she has a “penis” she can insert into erotic openings. Men can also wear strap-on harnesses if they have erection difficulties, or if they enjoy playing with fantasies of having two penises.
- Butt plugs. Some people feel comfortable introducing standard dildos and vibrators into the anus, but most people find them too large and uncomfortable. Butt plugs are shorter and thinner than most other dildos and vibrators. Butt plugs also have flared bases so they don’t accidentally slip inside where they would be difficult to retrieve. Use lubricant liberally when

playing with butt plugs.

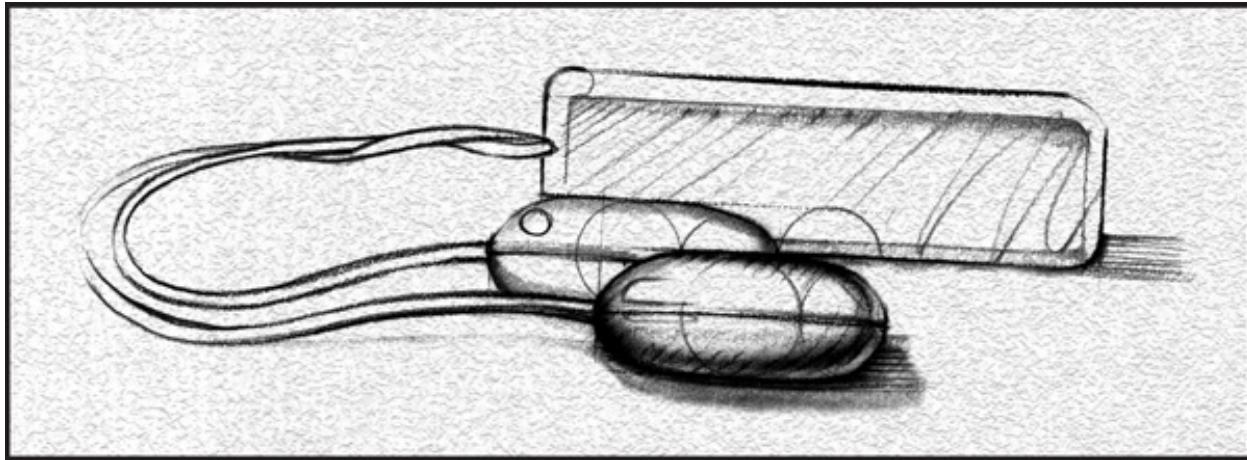
Many vibrators are not phallic-shaped, for example:

- Ball-topped. These are hand-held wands topped by a vibrating ball, typically the size of a golf ball. They are excellent for whole-body massage, but may also be used sexually.



Ball-topped vibrator

- Bullets. These minivibrators are too small to contain the motor and battery, so these elements are wired to a separate control unit. Small and compact, bullets are a good choice for travel. They may also be slipped inside underwear to provide a secret “buzz” in social situations without anyone knowing. Remote-control bullets—great fun at parties—allow a man to give his lover a buzz from across a room.
- Tongues. The base looks like any phallic vibrator, but the top flattens out to become tongue-shaped. Turn it on, and the tongue wags back and forth for a reasonable approximation of cunnilingus.
- Butterflies or no-hands vibrators. These vibrators resemble thick pancakes or butterflies. They are not meant for vaginal insertion, but for pressing into the vulva. Some models come with straps that wrap around the woman’s thighs to hold them in place.



Vibrating Egg

- Vibrating eggs. Slightly smaller than a chicken egg, these toys are wired to a battery/control pack. Eggs may be inserted vaginally or pressed against the vulva, anus, penis, or scrotum.
- Artificial vaginas and mouths, and erection sleeves. Artificial vaginas and mouths are cylinders of soft rubber or plastic, often with realistic-looking lips (vaginal or oral) at one end. The man slides his penis between the lips into the toy's internal pocket, which simulates the feeling of intercourse or fellatio. Erection sleeves are artificial vaginas or mouths that vibrate.
- Vibrating cock rings. Standard cock rings can help men maintain an erection. (See [chapter 4](#).) Vibrating rings add an extra dimension to the experience.
- Clitoral stimulators. Designed in various shapes and styles—everything from seashells to bullets that extend from cock rings, some of these toys nestle a vibrator against the clitoris. Others include a small cup that fits over the clitoris and a squeeze-bulb hand pump that evacuates air from the cup, gently drawing extra blood into the clitoris to increase its erotic sensitivity. (The Food and Drug Administration recently approved a similar pump, the Eros Clitoral Therapy Device, to enhance clitoral sensitivity and women's sexual responsiveness; see [chapter 14](#).)
- Vibrating nipple clips. The padded clips or clamps are wired to a battery/control pack.
- Vibrator kits. These typically include a vibrator and several attachments designed to stimulate various parts of the body.
- Vibrating anal beads. Anal beads are necklacelike strings of marble-size

beads that stimulate the anal sphincters as they enter or leave the anus. Some are attached to vibrating bullets.

## POWER HUNGRY

### CAN VIBRATORS “RUIN” WOMEN FOR PARTNER SEX?

Does driving ruin women for walking? No, it just gets them to their destination faster. The same is true for sex with and without vibrators. The vulva and clitoris respond to erotic stimulation no matter where it comes from: fingers, tongue, penis, or vibrator. Vibrators produce the most intense sensations, so most women express orgasm faster with vibes than with other stimulation. But using a vibrator—even frequently—does not change a woman’s innate ability to enjoy and respond to other types of sexual stimulation. Over time, some women become particularly fond of vibrator stimulation. That’s a personal preference.

In fact, far from ruining women for sex that does not include them, vibrators actually help women respond to other erotic stimulation. “Vibrators allow women to experience the full range of their sexual responsiveness,” Weston explains. “This increases sexual self-knowledge. The more a woman knows about her own responsiveness, the better able she is to respond to all types of sexual stimulation.” Extended use of a powerful vibrator may numb the genitals, just as holding a vibrator in your hand for an extended period might numb your fingers. Any numbing is temporary.

About power sources: All three vibrator options—battery-powered, rechargeable batteries, and plug-in—have advantages and disadvantages. Battery-powered vibrators generally weigh the least. They are also the most portable and versatile. They can be used in many places where wall current is unavailable. But the batteries must be changed periodically and may lose power when you want it most. Plug-in vibrators have more powerful motors and deliver more intense sensations. Rechargeable batteries combine the portability of battery-powered models with the intensity of plug-ins. But like other battery-powered vibes, rechargeable models may go dead at the wrong moment.

All dildos can be used safely around water. This is not true for vibrators. Because they are electric, they should be kept away from water—unless they are specifically designed to be waterproof.

“People often ask which vibrator or dildo is ‘best,’” Weston says. “There is no single best vibrator or dildo, and none specifically designed for the first-time buyer. It’s up to the individual or couple. Personal preferences differ. Factors to consider include shape, size, weight, insertability (and if so, where?), your sexual fantasies, and for vibrators, the power supply and whether or not you want it waterproof.”

For comfort, lubricant should be used generously with vibrators and dildos. Lubricate the toy and the opening it enters.

## HYGIENE ISSUES

Wash dildos and vibrators with soap and water after use. And it's a good idea to use separate toys for anal and vaginal play.

## WHEN PLAYING DOESN'T SEEM LIKE FUN

Many people wish they could introduce sex toys into their partner sex, but have lovers who are reluctant—or refuse—to play that way. Review the discussion of sexual negotiation earlier in this chapter. Also review the [lubricant section](#). Toys work best with lubricant. Introducing lube can represent an important step toward bringing toys into your lovemaking.

Some people fear that sex toys are “weird.” Not at all. As mentioned earlier, 10 percent of American couples use them in partner sex, and that proportion is increasing.

Some men fear that a lover’s desire to use sex toys reflects poorly on them as lovers. Consider that the best carpenters use power tools. Many men whose lovers take a long time to express orgasm love vibrators because they are labor-saving devices. A vibrator can spare a man hand or tongue fatigue.

Some men fear that vibrators might “replace” them. Not likely. Vibrators provide only one thing—intense stimulation. They cannot provide love, caring, companionship, a sense of humor, or any other human dimension of a relationship. “I’ve never seen a vibrator that knows how to hug, kiss, or be supportive,” Klein says. “Sex toys are just enhancements, little extras that introduce some variety and spice into sex.”

“Lovemaking is a gift that lovers give one another,” Alperstein says. “I wish men would let go of the idea that they must be lousy lovers if the woman they’re with enjoys using a vibrator in partner sex. In many cases, the vibrator doesn’t even make an appearance until the woman wants to come. Even when a couple uses a vibrator, the woman gets most of her pleasure—and all of her intimacy—from the man. A lover’s mission is to provide pleasure. Men who are good lovers help women enjoy their sexuality, and if that means including a vibrator, then why not?”

On the other hand, when men welcome sex toys into couple sex or initiate their inclusion, some women infer that they are not sufficiently responsive, or that they are “too slow” to express orgasm. Nothing is wrong with women who take a while to express orgasm, or prefer or need a vibrator to do so. Reassure

your partner that sex toys are simply enhancements that provide pleasure and help get her where she wants to go.

As a step toward including a vibrator in partner sex, Weston suggests investing in a shower massage device: “The pulsating stream of water simulates the action of a vibrator. Many people are more sexually experimental in the shower, perhaps because we have relatively few stereotyped ideas of what sex ‘should’ be there. Another approach is to rent a hotel room that has a tub equipped with Jacuzzi jets. Placing the clitoris against a jet also simulates vibrator stimulation.”

As a last resort, you might buy the toy you want, use it solo, leave it in plain sight, and then tell your lover that there’s only one thing missing—his or her participation.

While many people feel reluctant to add sex toys to partner sex, others delight in including them. It can be very exciting to witness the extra passion they may arouse in a lover. And, as with any other kind of sexual experimentation, bringing toys to bed deepens intimacy, which in turn makes for great sex.

## **INCORPORATING ANAL PLAY INTO LOVEMAKING**

Most people enjoy the hottest sex when it involves full-body sensuality. That’s what this book is about. So let’s not give short shrift to one erotically rich part of the body that’s often ignored or shunned—the anus. If anal play holds no allure for you, don’t do it. But many Americans consider it an exciting, loving part of sex.

According to the landmark *Sex in America* survey at the University of Chicago, 26 percent of men and 20 percent of women said they’d tried anal sex, but only a small fraction said they’d included anal play the last time they had sex before being surveyed (2 percent of the men, 1 percent of the women). In the University of California survey, about 7 percent of respondents said they’d experienced anal play during the previous 12 months. “Anal sex is certainly not mainstream,” Sugrue says, “but increasingly, it’s on Americans’ lists of sexual experiences they’re curious about. For most, it’s a novelty, forbidden fruit. And it can deepen intimacy in a special way. It’s a way of telling a lover ‘No part of me is out of bounds.’”

Misconceptions about anal play abound, such as: it’s dirty, it hurts the recipient, men who enjoy receiving it are gay, it always spreads HIV. However,

with some forethought and care, anal sex need not be painful. With careful hygiene, it's clean. Many heterosexual men experience intense pleasure on the receiving end of anal play. And while receptive anal intercourse is the most efficient sexual route for transmission of HIV, anal intercourse with condoms is just as safe as any other type of safe sex.

## **ANATOMY LESSON**

The body has two rings of anal sphincter muscles: the external one that's visible and another one slightly inside. Different parts of the nervous system control each of these sphincters, so relaxing the external opening doesn't necessarily relax the internal one. The external sphincter is easier to relax than the internal one. "Many people store up stress in their internal anal sphincter muscles, just as some people store stress in their backs or necks," says Jack Morin, Ph.D., a San Francisco sex therapist and author of *Anal Pleasure and Health*. "As a result, some have a harder time than others learning to relax the internal sphincter and enjoy comfortable anal play."

Moving internally from the anal sphincters, the narrow, muscular anal canal extends an inch or two. The sphincters and anal canal are richly supplied with nerves and are highly sensitive to touch, which is why many people find anal stimulation erotic. In addition, the anus is surrounded by the pelvic floor muscles, notably the pubococcygeus (PC) muscle, a key muscle that contracts during orgasm. Anal stimulation can excite the PC and intensify orgasm. The anal canal widens to become the rectum, a 5-inch tube of soft tissue. The rectum is not a straight cylinder. It has curves that vary from person to person.

## **HYGIENE ISSUES**

"Our culture views the anus as dirty and disgusting, an area that's taboo," Morin explains. The fact is, most fecal material is stored just beyond the rectum in the descending colon. Most of the time, when you don't feel an urge to defecate, there are only traces of stool in the rectum. When you feel "the urge," stool moves into the rectum and you pass it fairly quickly. Even trace amounts of fecal matter are more than most people want to deal with. Wash, bathe, or shower beforehand. Clean the area with a soapy finger. Some people also rinse the rectum and anal canal with an enema. Disposable enemas (Fleet) are available over-the-counter at pharmacies. Anal rinsing not only cleans the area, but also helps both lovers relax and feel less apprehensive about anal play. If the receiving anus and anal canal have been washed well beforehand, then anal play is as clean as any other form of lovemaking. "But nothing that has had contact

with the anal area should touch the vulva or be introduced into the vagina,” Sugrue explains. “Anal bacteria may cause a urinary tract infection.”

## THE BASICS

Most people believe that anal sex means penis-anus intercourse. In fact, this is the *least frequently* practiced form of anal play. Morin explains: “The majority of lovers limit anal sex to finger massage of the external sphincter; insertion of a finger or two, or a sex toy into the anal canal; anal fingering coupled with oral-genital sex; or rimming (oral-anal contact).”

**Use plenty of lube.** Unlike the vagina, the anus and rectum are not self-lubricating. The more lube, the better. Even with liberal lubrication, insertion of anything or its vigorous movement may abrade the soft tissue of the anal canal and rectum, causing discomfort and minor bleeding.

Try different lubes to see which ones you like best. Liquid, water-based products may be your lube of choice for other forms of lovemaking, but they may not feel best for anal play. Try the thicker jellies, or experiment with vegetable oil or Crisco. Petroleum-based lubricants may cause vaginal irritation, so they should not be used for vaginal intercourse. But for anal sex, some people enjoy them.

**Experiment alone.** “Anyone interested in being the receiving partner should first explore it on their own,” says New York City sex educator Betty Dodson, Ph.D. “Get a mirror so you can see your anus. As you lubricate the opening and touch around it, pay attention to the different sensations you feel. Using one finger, slowly press in, as you slightly bear down to open the sphincter muscles.”

**Practice relaxing your sphincters.** Breathe deeply. Try different positions to see which ones feel most comfortable. Then, move on to experimenting with a well-lubricated butt plug. Start with a small, thin plug, and progress to larger, thicker ones only if you feel inclined. “Butt plugs are specially designed for anal play,” Dodson says. “The flared base keeps them from getting lost in there.” Or try anal beads, designed to serially open and close the anal sphincters, which some people find erotic.

**Take it slowly.** Couples should start with whole-body relaxation. Take a hot bath or shower together. While bathing, wash the anal area with soap and water, and wash inside the anus as well. Next enjoy some whole-body massage and other sex play. Anal play is most enjoyable when both lovers are highly aroused. Then proceed to light, well-lubricated massage of the external anal sphincter. If the recipient says that feels okay, then try very gentle, shallow fingering. Most people go no further than this. “Some men enjoy being deeply fingered,” Weston

explains, “because it massages the prostate gland, which can be a source of unique pleasure.”

“Penis-anus intercourse is too much for most couples,” Sugrue says. “The typical erection is too large for women to receive comfortably.” But if you decide to try penis-anus intercourse—or being the recipient while the woman wears a strap-on dildo—the recipient should *always* be the one in control, the one who does the moving. The inserter should remain still—no pushing into the anus, and no thrusting until the recipient invites it, and if so, slow, gentle movements. This allows the recipient to control the speed and depth of insertion, and stay relaxed and comfortable. Bearing down often adds to the recipient’s comfort. Good positions include: recipient-on-top, back-to-chest spooning, or with the recipient standing, bent at the waist, and the inserter behind.

**Always use condoms.** Safe sex is especially important during penis-anus intercourse because it’s more likely than other sexual activities to result in semen-blood contact and HIV transmission.

How deep can you go? Comfortable depth varies greatly from person to person. After a while, some recipients can accommodate much of the penis. But unlike what you see in pornography, most cannot. Many feel uncomfortable accepting anything but the head of the penis, if that. Some recipients feel more receptive if they wear a butt plug for about 30 minutes before attempting to accommodate an erection or other sex toy. Don’t rush things. Deep insertion often takes months, and most recipients never feel comfortable with it. This bears repeating: Most lovers who enjoy anal play limit themselves to fingering.

**If it hurts, stop.** Pain—or fear of it—are the main reasons why women nix anal sex. “Women’s biggest complaint about anal sex is that men push in too quickly,” Dodson explains. The most important rule of anal play is: It should *never* hurt. “If it does,” Morin explains, “the recipient is not sufficiently relaxed, the receiving anus and the object being inserted are not sufficiently lubricated, and/or the inserter is being insensitive and pushy.”

## ORGASM ISSUES

Anal play can lead to particularly intense orgasms. Some people love having a finger or plug inserted as their lover brings them to orgasm by hand, mouth, or vibrator. But many people prefer not to have orgasms during anal play, and especially not with a penis inside them. The reason is that orgasm causes involuntary muscle contractions and thrusting movements that may be painful for the recipient. But many inserters love when the recipient has an orgasm during anal intercourse because the tight, muscular anal canal clamps down on

erections quite firmly. Discuss this. It's the recipient's call.

## OTHER ISSUES

Frequently one lover is eager to explore anal play, but the other is reluctant or opposed. Morin advises the eager partner: "Never force it. And don't nag. In a calm, loving manner, explore your partner's reluctance. Remember, the majority of people limit it to sphincter massage and gentle fingering. Do only what's mutually agreed. If your partner says stop, stop immediately. Respect your lover's limits."

Morin also has some advice for those reluctant to try anal play: "You're under no obligation to do anything you feel uncomfortable doing. But there's nothing wrong, unnatural, weird, kinky, or perverted about anal sex. Think about why you're reluctant, and honestly tell your partner. Do your feelings have to do with the anal taboo? Memories of previous anal experiences that hurt? By discussing your issues, the two of you learn more about one another, and that knowledge can enhance intimacy, even if you don't engage in anal play."

Many people worry that anal sphincters stretched during anal sex may never return to normal, resulting in soiled underwear. This is highly unlikely. Your anal sphincters have opened and closed during defecation for your entire life. Physiologically, the body can't tell if material is passing out of the anus or into it. Assuming your anal sphincters close normally after defecation, they should do the same after anal play.

Finally, many people feel concerned about the "meaning" of anal sex. For example: Does a man's desire to enter a woman anally mean that he wants to hurt, dominate, or humiliate her? Does a man's interest in receiving anal pleasure mean that he's gay? And if a woman wears a strap-on dildo to enter a man, does that mean she's "too dominant?" These questions are reasonable because all sex practices exist in cultural contexts. In the United States, anal sex is most prevalent among gay men, so it's not surprising that some people would link it to homosexuality. And in prisons, anal rape is an act of degradation, so this is also an understandable negative image. But anal play need not mean anything beyond the mutual pleasure and intimacy it provides.

For more on anal sexuality, read *Anal Pleasure and Health* by Jack Morin, Ph.D., or *The Ultimate Guide to Anal Sex for Women* by Tristan Taormino.

# BIRTH CONTROL AND SAFE SEX

# SMART DECISIONS LEAD TO GREAT SEX

If you want great sex, you—and your lover—need to feel relaxed and comfortable. It's impossible to relax when either of you feels anxious about the possibility of an unwanted pregnancy or sexually transmitted infection (STI). Great sex also requires communication and trust. If you don't raise these issues, you won't earn a woman's trust. And if she doesn't raise the issue, would you trust her?

Birth control and safe sex decisions are a shared responsibility. Both of you should consider each method's advantages and disadvantages and decide which one best suits your needs—then use that method every time you make love. And be honest about any STIs you might have. Having one doesn't mean you're condemned to sexless misery. Most STIs can be easily cured. Even if you have one that persists—herpes, genital warts, hepatitis B or C, or HIV—you can still enjoy great sex, if you take the simple steps that keep them from spreading.

# A MAN'S GUIDE TO CONTRACEPTIVE EFFECTIVENESS

The following chart provides an at-a-glance profile of contraceptive effectiveness and satisfaction. The high end of the effectiveness range assumes perfect use of the method every time. The low end assumes proper use most of the time, but not always. Methods are listed from least to most technological.

Method	Effectiveness % for 100 Couple-Years of Use*	% of Couples Still Using the Method After 1 Year**
--------	--	--

No birth control	15suming NO va	Not applicable
Outercourse (lovemaking without vaginal intercourse)	100 (asginal intercourse)	No information
Withdrawal	81–96	No information
Condom for men	86–98	61
Condom for women	79–95	56
Spermicidal foam	72–94	40
Vaginal contraceptive film	75–94	No information
Diaphragm	80–94	56
Cervical cap (for women who haven't given birth)	80–90	56
Cervical cap (for women who have given birth)	60–80	42
Contraceptive sponge	70–85	No information
Fertility awareness	75–99	63
IUD	97–99+	80
Estrogen-progestin (combination) birth control pills	95–99+	70
Progestin-only birth control pills (mini-pills)	95–99+	70

Progestin injection (Depo-Provera)	99+	70
Estrogen-progestin injection (Lunelle)	99	No information; too new.
Estrogen-progestin ring (Nuvaring)	95–99	No information; too new.
Estrogen-progestin patch (Ortho Evra)	95–99	No information
Sterilization for men (vasectomy)	99+	99+ (a tiny proportion of men seek reversals)
Sterilization for women (tubal ligation)	99+	100
Sterilization for women (Essure)	100	100
Emergency pill after unprotected intercourse	75–89 (within 3 days)	Not applicable
Emergency IUD insertion after unprotected intercourse	99+ (within 5 days)	Not applicable

\*from Planned Parenthood ([www.pppfa.org](http://www.pppfa.org))

\*\*from Contraceptive Technology (17th edition, 1998), and author's reporting

## A MAN'S GUIDE TO STI PREVENTION

It's never easy to discuss STIs, but it's essential. If you try to conceal an STI, you risk much more than those who raise the issue promptly. You risk devastating resentments when your partner finally discovers the truth. Even worse, if you don't inform your lover about the possibility that you might have an STI, you risk her life. If left untreated in women, two common STIs that

cause symptoms in men but rarely in women—chlamydia and gonorrhea—can progress to pelvic inflammatory disease (PID), a serious infection of women’s reproductive organs that can cause infertility, serious illness, even death. Never assume that a woman will develop symptoms annoying enough to send her to a doctor. If you develop a STI, you *must* inform every woman you might have infected.

In ongoing relationships, STIs often raise suspicions of infidelity. This may be the case, of course, but it’s possible to contract several STIs without recent infidelity—in some cases, even without sexual contact. Only three STIs are transmitted only sexually: gonorrhea, syphilis, and genital warts. Herpes and chlamydia are almost always passed sexually, but nonsexual transmission is possible. All other STIs may be contracted nonsexually. In addition, HIV, herpes, chlamydia, gonorrhea, warts, and hepatitis B and C may cause no symptoms for quite a while after infection, sometimes years. So you may become infected in one relationship but develop no symptoms until involved completely monogamously with someone else.

If confidentiality issues make you reluctant to consult your regular doctor about STIs, call your county health department—or a neighboring county’s—and ask about STI examination and treatment. Many county health departments operate clinics that diagnose and treat STIs—often at low cost or for free, and for minors, often without requiring parental involvement.

In addition, most family planning clinics treat STIs. Call a local county health department’s office of family planning. Or contact Planned Parenthood, which operates 875 clinics in 49 states and Washington, D. C. To find the one(s) near you, visit [www.ppfa.org](http://www.ppfa.org), and enter your zip code under “Find a Health Center Near You.” Or call (212) 541-7800.

What follows is basic information about STIs. For free additional information quickly, easily, anonymously, contact the National STD/HIV Hotline at 1-800-227-8922 24 hours a day, 7 days a week.

## GENITAL WARTS

---

<b>Symptoms</b>	Small persistent bumps on the genitals or around the anus. Possibly raised or flat, single or multiple, large or small, itchy or painful. Anal warts may be mistaken for hemorrhoids.
<b>Cause</b>	Human papillo-mavirus (HPV)—not the virus that causes warts on hands or feet.

<b>Transmission</b>	Sexually, through genital skin-to-skin contact during vaginal, anal, or (rarely) oral sex. Warts of the hands and feet can't spread to the genitals or the other way around.
<b>Incubation</b>	A few weeks to several years. It's often impossible to know when you contracted the virus or from whom.
<b>Prevention</b>	Condoms. But skin-to-skin contact can spread the virus to uncovered areas.
<b>Treatment</b>	Doctors apply caustic chemicals, freeze them with liquid nitrogen, or zap them with a laser. Repeat treatments are often necessary, especially for anal warts.
<b>Note</b>	In women, warts increase risk of cervical cancer, which can usually be cured if caught early. Women with a history of HPV infection should have annual Paps. For more information, contact The National HPV and Cervical Cancer Prevention Hotline: (919) 361-4848.

## TRICHOMONIASIS

<b>Symptoms</b>	Men: usually no symptoms. Women: vulval itching, vaginal irritation and pain, a frothy discharge with an unpleasant odor, pain during intercourse. Eventually symptoms subside and may disappear, but without treatment, the woman is still infected.
<b>Cause</b>	A one-celled animal (protozoan), <i>Trichomonas vaginalis</i> .
<b>Transmission</b>	Vaginal intercourse, close vulva-to-vulva contact, and possibly nonsexually. The protozoan can survive on moist objects: towels, washcloths, sex toys, hot tubs, and toilet seats.
<b>Incubation</b>	Weeks to months before symptoms develop, if they do.
<b>Prevention</b>	Condoms for men and women. Diaphragms and cervical caps also help, but less reliably.
<b>Treatment</b>	Metronidazole (Flagyl).
<b>Note</b>	

# CHLAMYDIA

---

<b>Symptoms</b>	None in half of men and 75 percent of women. Noticeable symptoms in men: burning on urination and penile discharge. In women: unusual vaginal discharge, lower abdominal pain, pain during intercourse, or spotting between periods. Rectal chlamydia may cause anal itching, cramping, a watery discharge, and diarrhea.
<b>Cause</b>	Bacteria ( <i>Chlamydia trachomatis</i> ).
<b>Transmission</b>	Direct contact during vaginal or anal intercourse.
<b>Incubation</b>	A week to a month.
<b>Prevention</b>	Condoms for men and women. Diaphragms and cervical caps also help, but less reliably.
<b>Treatment</b>	Antibiotics.
<b>Note</b>	Most people don't know they're infected. Because women rarely show symptoms and chlamydia causes a great deal of PID, women should request screening during every pelvic exam.

# GONORRHEA (THE CLAP)

---

<b>Symptoms</b>	Men: pain or burning on urination, and a white, green, or yellow discharge. Oral gonorrhea may cause a sore throat. Anal gonorrhea may cause pain during defecation. Women: usually no symptoms, but possibly vaginal discharge, pain or burning on urination, and spotting between periods.
<b>Cause</b>	Bacteria ( <i>Neisseria gonorrhoeae</i> ).
<b>Transmission</b>	Only during vaginal, oral, or anal intercourse.
<b>Incubation</b>	2 to 7 days.

<b>Prevention</b>	women against vaginal gonorrhea, but not against infection of the throat or anus. Diaphragms and cervical caps offer some protection against vaginal gonorrhea, but not against infection of the throat or anus.
<b>Treatment</b>	Antibiotics.
<b>Note</b>	Some strains are antibiotic-resistant. Schedule a follow-up test a few weeks after treatment to make sure the infection has been cured. In women, untreated gonorrhea is a common cause of PID. Because of this risk, women should be screened during every pelvic exam.

## HERPES

<b>Symptoms</b>	Initially, open, red, painful sores and possibly fever and general ill feeling for up to a week. Re-current sores cause milder symptoms for less time. Some people suffer no recurrences, just one or two, or persistently recurring sores.
<b>Cause</b>	Herpes simplex virus I or II. Either may infect the penis, vagina, or anal area (genital herpes), or the lips (cold sores or fever blisters).
<b>Transmission</b>	Skin-to-skin contact with someone with a sore, or just before one erupts (prodrome). 25 percent of people with herpes show no symptoms, don't know they're infected, but can still transmit the infection.
<b>Incubation</b>	Days to many years. You might become infected in one relationship, but not develop a sore until another.
<b>Prevention</b>	Condoms for men are best. Condoms for women protect against vaginal infection but not against infection of the lips, vulva, or anus.
<b>Treatment</b>	Antiviral medication speeds the healing of herpes sores, but no drug eradicates the virus. One effective herb, lemon balm ( <i>Melissa officinalis</i> ), is available under the brand name Herpalieve.
<b>Note</b>	Don't touch sores. Contaminated fingers can spread the virus. With recurrent herpes, most people feel itching or

tingling in the infected area 1–2 days before sores erupt (prodrome). You’re contagious from the moment your prodrome begins until your sore completely heals.

---

## HEPATITIS B

---

<b>Symptoms</b>	One-third of those infected show no symptoms. Possible symptoms: fatigue, abdominal pain, loss of appetite, nausea, diarrhea, and flu-like symptoms, with dark-colored urine and jaundice.
<b>Cause</b>	Hepatitis B virus.
<b>Transmission</b>	Vaginal, oral, or anal intercourse, or contact with contaminated blood (syringes, tattoo and piercing needles, medical equipment), or from mother to fetus.
<b>Incubation</b>	Up to several months.
<b>Prevention</b>	Condoms for men. Condoms for women prevent penis-vagina transmission, but not transmission between a man’s penis and a woman’s throat or anus.
<b>Treatment</b>	Rest, fluids, and no alcohol or other drugs, which stress the liver. An extract of the herb, milk thistle (silymarin), has been shown to help. Over a few months, hepatitis B usually clears up, but some people become chronically infected. Of those, 20 percent eventually die of cirrhosis, liver failure, or liver cancer. In chronic cases, drug treatment (interferon, lamivudine) cures about 40 percent.
<b>Note</b>	Hepatitis B is highly infectious. Any exposure means a very high risk of infection. Get tested if you have ever used intravenous (IV) drugs, have had sex with someone who has, or if you have any tattoos or piercings. Hepatitis B vaccination prevents infection.

---

## HEPATITIS C

---

<b>Symptoms</b>	80 percent of those infected show no symptoms.
-----------------	--

Possible symptoms: fever, fatigue, abdominal pain, loss of appetite, nausea, diarrhea, and flu-like symptoms, with dark-colored urine and jaundice.

---

<b>Cause</b>	Hepatitis C virus.
<b>Transmission</b>	Vaginal, oral, or anal intercourse, or contact with contaminated blood from syringes, transplanted organs, kidney dialysis equipment, tattoo and piercing needles, or razor blades or other household items. A mother can spread it to her fetus.
<b>Incubation</b>	Up to several months.
<b>Prevention</b>	Condoms for men work best. Condoms for women offer no protection against transmission during oral and anal intercourse.
<b>Treatment</b>	Rest, fluids, and no alcohol or other drugs that might harm the liver. Milk thistle may help—see Hepatitis B.
<b>Note</b>	Some cases clear up, but many become chronic. If left untreated, up to 20 percent of chronically infected individuals die of cirrhosis, liver failure, or liver cancer, however, interferon cures about 40 percent of chronic infections. Milk thistle may also help treat chronic infection.

---

## HIV/AIDS

---

<b>Symptoms</b>	Chronic fevers, night sweats, chills, swollen glands, weakness, loss of appetite, weight loss, and opportunistic infections.
<b>Cause</b>	HIV virus.
<b>Transmission</b>	Semen-to-blood contact through vaginal, oral, or anal intercourse. Blood-to-blood during transfusions with virus-contaminated blood or use of contaminated syringes. From infected mothers to their fetuses. For sexual transmission, the receiving lover in anal intercourse is at highest risk. Transmission during oral

sex is possible but rare.

<b>Incubation</b>	Up to 6 months before tests can detect infection, but symptoms may not develop for years.
<b>Prevention</b>	Condoms for men prevent sexual transmission best. Condoms for women prevent vaginal transmission but don't protect against transmission during anal sex. Do not use nonoxynol-9 spermicide. This chemical irritates vaginal tissue increasing woman's HIV infection risk.
<b>Treatment</b>	No curative drug treatment. Protease inhibitors greatly suppress the virus. It's not clear how effective they are long-term.
<b>Note</b>	Anyone is at risk, regardless of sexual history. In new or nonmonogamous relationships, discuss your AIDS risk before you become sexual.

## SYPHILIS

<b>Symptoms</b>	First, a painless open sore develops at the infection site. Penile sores are easily visible. Vaginal, throat, or anal sores may not be. After the sore heals, a nonitchy rash develops somewhere on the body, disappearing in a few weeks. Syphilis then hides in the body for years, after which severe, possibly fatal complications develop.
<b>Cause</b>	A bacteria-like microorganism ( <i>Treponema pallidum</i> ).
<b>Transmission</b>	Vaginal, oral, or anal intercourse.
<b>Incubation</b>	A few days to a week.
<b>Prevention</b>	Condoms for men. But syphilis can be transmitted by skin-to-skin contact in unprotected areas. Condoms for women do not protect them during oral and anal intercourse.
<b>Treatment</b>	Antibiotics.
<b>Note</b>	Women are often unaware of syphilis sores. Men

diagnosed with syphilis must inform all their lovers.

---

## NONGONOCOCCAL URETHRITIS (NGU)

---

<b>Symptoms</b>	Pain and/or burning on urination and white, green, or yellow discharge.
<b>Cause</b>	Various bacteria.
<b>Transmission</b>	Possibly sexually. But some bacteria that cause NGU can be spread nonsexually.
<b>Incubation</b>	A few days to a few weeks.
<b>Prevention</b>	Condoms for men and women.
<b>Treatment</b>	Antifungal drugs.
<b>Note</b>	

---

## YEAST VAGINITIS

---

<b>Symptoms</b>	Itching or burning, pain on urination, and sometimes, an odorless cottage-cheesy-looking discharge. Men may experience genital itching, burning on urination or no symptoms at all.
<b>Cause</b>	Microscopic yeast fungi ( <i>Candida albicans</i> ).
<b>Transmission</b>	Sexually or nonsexually due to low resistance, fatigue, stress, dietary changes, diabetes, or taking antibiotics or estrogen-based medications, all of which encourage yeast overgrowth.
<b>Incubation</b>	Up to 24 hours.
<b>Prevention</b>	Condoms for men and women are presumed to prevent sexual transmission.
<b>Treatment</b>	Antifungal drugs.

---

---

<b>Note</b>	Helpful preventive tips for women: Eating yogurt. Avoid tight clothing. Wear cotton underwear. Kill yeast fungi in panties by presoaking in chlorine bleach before washing. Don't douche. Avoid birth control pills.
-------------	--

---

## URINARY TRACT INFECTION (UTI, CYSTITIS, BLADDER INFECTION) IN WOMEN

---

<b>Symptoms</b>	Burning on urination, an urgent need to urinate frequently, possible blood in urine, itching, and an unpleasant odor.
<b>Cause</b>	Bacteria that normally inhabit the intestine and anal area enter the urethra, which opens in the middle of the vulva.
<b>Transmission</b>	Sexually or nonsexually.
<b>Incubation</b>	Up to a few days.
<b>Prevention</b>	Nothing that touches either lover's anal area should come in contact with the woman's vulva or vagina.
<b>Treatment</b>	Antibiotics.
<b>Note</b>	To prevent UTIs: Have vaginal intercourse hygienically, less frequently, and less vigorously. Substitute manual or oral sex for intercourse. Urinate before and after lovemaking. Don't hold urine. Wipe from front to back. Change tampons or pads frequently. Snack on dried cranberries, which have been shown to reduce risk.

---

## CRABS (PUBIC LICE)

---

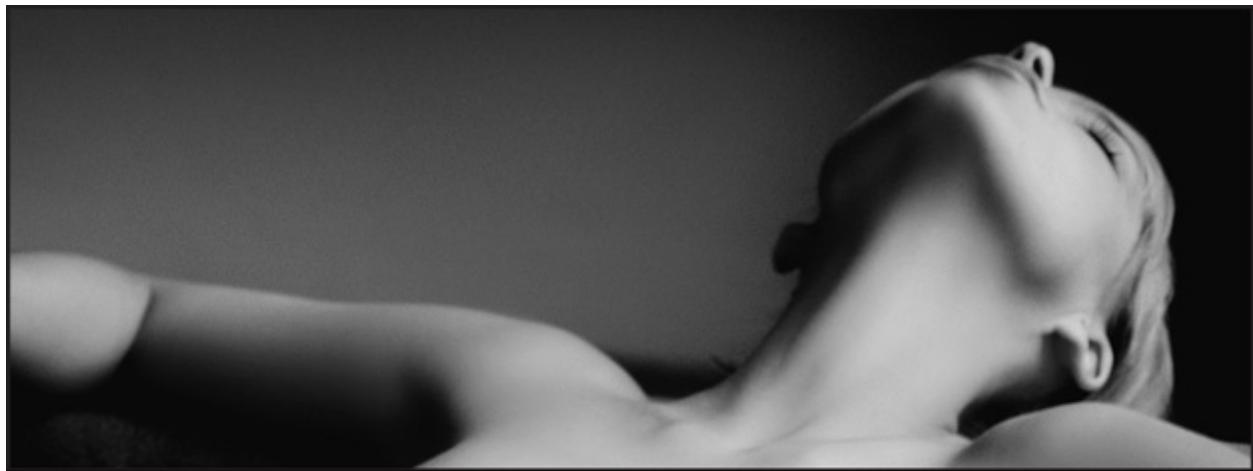
<b>Symptoms</b>	Itching. The bugs are sometimes visible in pubic hair.
<b>Cause</b>	Tiny bugs, barely visible to the naked eye.
<b>Transmission</b>	Sexually or from close contact with infested individuals' clothing, towels, linens.

<b>Incubation</b>	Immediate, once the bugs have become established in pubic hair.
<b>Prevention</b>	Avoid genital contact with people with crabs. Avoid their clothing and linens.
<b>Treatment</b>	Insecticide, prescription Kwell shampoo; over-the-counter Rid or Triple-X.
<b>Note</b>	Pubic lice are different from head lice. Public lice don't live in the scalp and head lice don't live in pubic hair.

## SCABIES

<b>Symptoms</b>	Itching, particularly at night, and little bumps on the skin.
<b>Cause</b>	Tiny mites that burrow under the skin anywhere below the head, though they prefer the genitals, hands, arms, legs, and abdomen.
<b>Transmission</b>	Sexually or through casual contact with infested clothing, towels, linens, and upholstered furniture.
<b>Incubation</b>	Immediate, as soon as the mites become established.
<b>Prevention</b>	Avoid contact with people with scabies. Avoid their clothing, linens, and upholstered furniture.
<b>Treatment</b>	Kwell—see Crabs.
<b>Note</b>	





## PART 4

### SEXUAL DESIRE AND SATISFACTION



## “YOU NEVER WANT TO.” “YOU’RE INSATIABLE.”

### THE STRUGGLE OVER DESIRE DIFFERENCES AND LIBIDO LOSS

When couples first fall in love, they often can't keep their hands off each other. Usually, both the man and woman are eager to touch and be touched—and have lots of sex. Romance blooms and desire is not a problem. But over time, usually 6 months to a year or two later, feelings of sexual urgency subside, and so does sexual frequency. This happens for several reasons:

- The end of unrealistic fantasies.** “Initially people have fantasy-based pictures of each other,” explains *Great Sex* advisory board member Marty Klein, Ph.D. “But as time passes, you reveal who you really are, and you see who the other person really is. The fantasies fade, and you’re left with reality. That reality might be good enough for a long and basically happy relationship. But it’s still reality, warts and all. Fantasies generally heat up libido. Reality has a way of cooling it.”
- The intrusion of the mundane.** When couples first connect, they give each other their undivided attention. It’s flattering—and a turn-on—to have another person be so wrapped up in you. But eventually other priorities demand attention: jobs, family, friends, mowing the lawn, picking up the dry cleaning. Life’s everyday distractions often prove sexually distracting as well.
- Less time budgeted for fun with each other.** Initially, there’s no need to make dates to have fun or sex because that’s all you do. But over time, as the banalities of daily living compete with fun and sex time, fun becomes less of a focus and sex becomes less frequent. “People start taking their

relationships for granted,” explains *Great Sex* advisory board member Louanne Weston, Ph.D. “There’s less courting, less special time together. Combine that with kids, careers, and how you’re going to afford a new roof, and sex often takes a back seat.”

Whatever the reasons, after a while in most long-term relationships, the sexual heat cools and frequency declines. Sex becomes less like the fourth of July and more like Thanksgiving. When both people are in synch on this change, then there’s no problem. But typically, one person wants sex more often than the other. When that happens, conflict is inevitable—and often ugly. “Desire differences have become one of the leading reasons why couples consult sex therapists,” says *Great Sex* advisory board member Dennis Sugrue, Ph.D. “Many couples have a hard time negotiating their sexual frequency and dealing with the emotional issues that desire differences raise.” When desire differences cause chronic conflict, both lovers lose their sense of humor, and a grim chill descends over the sexual side of the relationship. Good will erodes and sexual quality deteriorates, along with nonsexual aspects of the relationship—often finding expression in irritability, bickering, and loss of generosity with each other.

The one who wants more sex typically feels rejected, unloved, confused, angry, unattractive, and even deceived: “You used to want sex five times a week. If I’d known you’d eventually only want it twice a month, I’m not sure I would have stuck around. But now we’re married and have kids and a mortgage. I love you, and to me, love means sex. I feel you don’t love me. I also feel that you tricked me. Now I feel stuck.”

Meanwhile, the one who wants less sex typically feels guilty, unloved, confused, and resentful of seemingly constant sexual demands. The partner who wants sex less may think or say, “This is what happens in long-term relationships. Over time, sex becomes less of a priority. If I’d known you were such a sex fiend, I’m not sure I would have stuck around. I love you, but there are big differences between love and sex. I feel you don’t love me; you just want sex, sex, and more sex. But now we have kids and a mortgage. You’re insatiable. I feel stuck.”

As goodwill erodes, it becomes harder to talk about sex. Couples often slip into two modes: bickering or silence. “Over time,” explains *Great Sex* advisory board member Linda Alperstein, M.S.W., L.C.S.W., “desire differences often become festering sores that make both people feel miserable and estranged.”

The higher-desire partner may decide to stop initiating sex to see how long it takes for the other partner to ask for it. “It’s often a long wait that just makes the higher-desire person angrier,” Sugrue says.

Persistent desire differences also result in another sad casualty: nonsexual affection. Holding hands, friendly hugs during the day, cuddling on the sofa, and goodnight kisses become more infrequent. The partner who wants sex more typically initiates such affection and interprets any positive response as a chance for sex. As a result, the less amorous partner shrinks from nonsexual affection out of fear that reciprocation might be misinterpreted as interest in sex. The one who wants it more complains, “You’re as cold as ice.” Meanwhile, the one who wants it less complains, “Can’t you experience affection without immediately assuming it’s sexual?”

As resentments deepen, what began as one problem, a desire difference, becomes two problems: the desire discrepancy and the emotional pain the situation has caused.

## **“SEX FIENDS” AND “NYMPHOS”: WHO WANTS SEX MORE?**

In some couples, the man wants sex more. In others, the woman has the greater libido. Culturally, however, men are thought to be eager for sex while women are assumed to be more demure. When the man wants greater sexual frequency, the couple may experience considerable distress, but their problem feels culturally expected. They feel “normal.” But when the woman is the one eager for more frequent sex, the pain inherent in a persistent desire difference becomes compounded by the fact that both people are likely to view the situation as culturally unexpected or “abnormal”—and even more distressing.

While it’s more common for men to be interested in more frequent lovemaking, women find themselves in that position surprisingly often. An informal survey of this book’s advisory board and other sex therapists suggests that the man is the more libidinous partner in 60 to 70 percent of couples, while the woman has a greater libido in 30 to 40 percent. “I’ve seen plenty of cases where the woman wants sex more than the man,” Weston says. “That’s hard for many couples. That’s when terms like ‘nympho’ get thrown around. The man accuses the woman of being one, and the woman wonders if she’s somehow abnormal. Of course, name-calling just makes things worse.”

## **WORKING OUT DESIRE DIFFERENCES**

There's no magic formula for dealing with desire differences. But here are some guidelines that can help.

## WHO CONTROLS SEX?

### FIGURING OUT WHAT YOU REALLY WANT

**W**hen sex therapists work with couples dealing with desire differences, they often ask, "In your relationship, who controls the sex?" Invariably, the man and woman both point at each other, because each feels utterly powerless—and are astonished to learn that their other half thinks they wield the sexual power. The one who wants more sex feels powerless because the less sexually inclined partner can shut sex down by uttering that one awful word, "no." Meanwhile, the one who wants less sex feels powerless because constant badgering wears down his or her resistance, sometimes resulting in grudging sex. An important step in resolving a desire difference is for both lovers to realize that they have more power than they think they have—notably, the power to drive the other crazy.

Therapists typically ask the partner with more libido: "What do you really want? Sex? Or other things?" "I want sex," that person usually insists. "But typically," Klein explains, "that person also wants more nonsexual affection, which has faded away because of acrimony over the desire difference—and more attention in general, which has faded or disappeared because of the couple's mutual resentments. Those things are possible without sex."

The partner with less libido is often asked in therapy: "What do you really want? How often do you want sex? Is there anything else you want?" "I have no idea how much sex I want," that person usually replies, "because I never get the chance to experience my own libido. I'm either fending off sexual advances or giving in to them. It's never about what I want, only what my spouse wants." "But typically," Klein says, "that person also wants the same things the other partner wants—more nonsexual affection and more attention in general—and doesn't get them for the same reasons, erosion of goodwill."

Sexual desire differences often mask nonsexual issues. Realizing this gives couples some room to negotiate. "The higher-desire person might say, 'I'm willing to have less sex if you pay more attention to me out of bed,'" Klein explains. "And the lower-desire person might say, 'I'm willing to have more sex if you make me feel more special out of bed, less like a sex object.'"

**Consider biology.** Male folklore is filled with resentment over women's transformations from hot lovers into ice maidens: "She screwed me to the altar," many men complain, "but since we've been married, we hardly do it at all." "No matter who the higher-desire lover is," Sugrue observes, "that person often accuses the other of conscious bait-and-switch tactics—lots of sex until the relationship becomes committed, and then turning off the sexual faucet."

However, diminished desire is often not conscious. In one study, Sugrue explains, researchers tracked blood levels of serotonin, a neurotransmitter crucial to mood, in three types of people: a group who had just fallen in love, a group

with obsessive-compulsive disorder (OCD), and a control group. The serotonin levels in the new lovers were almost as high as those of the people with OCD, and both were much higher than the control group's. Over time, the levels in many of the new lovers declined and became closer to the controls'. "Falling in love is like an obsession," Sugrue explains. "You're totally focused on the other person. That serves an evolutionary purpose. It keeps people together long enough to reproduce. But then serotonin levels return to baseline. When I explain that the lower-desire person's change is often biological and not a conscious bait-and-switch, it often helps the higher-desire partner let go of some resentment."

**Count your blessings.** So you want sex twice a week, and your lover would be perfectly happy with twice a month. That's a drag, but at least your partner wants sex sometimes. Many people don't want it at all—perhaps one-quarter of women and 10 percent of men. (See "[Libido Loss: Its Many Causes—And Possible Solutions](#)".) In cases of desire differences, sex itself is not the issue—just sexual frequency. But in cases of libido loss, sex becomes the issue, and "not tonight" becomes "never." "Desire differences are hard," Klein says, "but libido loss is harder."

**Be flexible.** Some people enjoy sex late at night, when their lovers are too tired for it. Others like it better in the mornings. Some like sex under warm quilts, while others prefer it on the sofa with no covers at all. "Little differences can add up to a big desire difference over time," Sugrue explains. "Talk about when you have sex, where, and how. The higher-desire partner should make every effort to accommodate the lower-desire partner's preferences."

**Find a friend on the opposite side of a desire difference.** It's safe to assume that if friends have been coupled up for more than a year or two, they, too, probably struggle with desire differences. Ask how they cope. If possible, try to find a male friend who is on the opposite side of the argument from you. Explore how he feels. A guy who shares your partner's view of your desire difference may be able to help you appreciate that side better than your other half has been able to.

**Explore underlying psychological issues.** If the lower-desire partner has issues with self-esteem, body image, or a history of sexual trauma; if the higher-desire partner seems completely preoccupied with sex; or if either partner is dissatisfied with other aspects of the relationship, work to resolve these issues, or seek professional counseling.

**Don't try to change your lover's libido.** In couples with desire differences, each person hopes the other will somehow come around to their position on the libido spectrum. Unfortunately, neither one can make that happen; and as the

desire difference festers, both people are more likely to dig in their heels. Libido and sexual receptiveness can change. But any real change must come from within. It can't come from a lover's cajoling. Pressuring your lover to "see the light" is likely to make that person less willing to change. "It's important to get inside your lover's eroticism, learn what turns the person on, and then do your best to provide it," says Weston.

**Consider your choices.** A desire difference creates three stark choices: 1) You can break up. 2) You can live in misery—with the more libidinous partner possibly seeking sex elsewhere. 3) You can negotiate a mutually workable compromise. Which will it be? If you don't want to break up or live in misery, you have only one choice left: mutual accommodation.

**Negotiate.** Work through your desire difference as you would any difference of opinion. What happens when you both have strong feelings on opposite sides of a nonsexual issue? Maybe one covets a sports car, while the other insists on a minivan. If you want to live comfortably with the other person, what choice do you have but to compromise?

To work out a desire difference, you use the same negotiation skills involved in resolving any other conflict. Ideally, you state your own feelings as clearly as possible. Listen to the other person's feelings respectfully. Work to separate your love for the person from your disagreement with the person's opinion. Avoid name-calling and other signs of contempt, and keep your sense of humor. With any luck, you'll thrash out a solution you can both live with fairly comfortably.

**Accept that something is better than nothing.** "Compromise doesn't produce happiness," Klein explains. "It reduces everyone's unhappiness." If one person wants sex two or three times a week, while the other would be happy with once or twice a month, a reasonable compromise might be once every week or 10 days. Agreeing to, say, weekly sex means that neither of you gets what you truly want. It also acknowledges that you'll probably never get what you really want. But by compromising, you show flexibility and good faith, and a willingness to invest in the happiness and longevity of your relationship. "Ideally," Weston says, "you look for a solution that's a win-win, where both people get what they need, even if they don't get everything they want."

No frequency you negotiate is set in stone. You might agree to weekly sex as an experiment for 4 to 6 months, and then agree to reevaluate. Your compromise frequency should also be flexible. Weekly lovemaking doesn't mean you must absolutely have sex once every 7 days. People get sick. Obligations arise. Adjustments become necessary. Both of you should do your best to be kind and understanding.

Of course, it's no fun to compromise. But if you don't want to break up and

you don't want misery (and possible affairs), then mutual accommodation is the only alternative—and the sooner you negotiate a compromise frequency, the better. "Try to remember," Weston advises, "that in long-term relationships, desire differences are inevitable. If the relationship is going to survive, both people have to adjust. I often ask couples: 'What's your bottom line? What do you really need to make your sexual relationship work?' When people feel that their personal bottom lines are understood and respected, they can usually make adjustments without feeling ripped off."

**Schedule sex dates.** One of the most maddening aspects of a desire difference is the daily battles it causes. It feels like you're constantly arguing about sex. The partner who wants more continually asks, begs, pleads, and grovels: "Tonight?" "Tonight?" "Tonight?" Meanwhile, the one who wants less continually fends off advances: "I have a headache." "I'm not in the mood." Or they offer the worst response: "Maybe." "Maybe" is worst because it's ambiguous and is maddening for the more libidinous partner: "Well, what'll it be? Sex? Or no sex?" It invites that person to become even more plaintive and relentless, which makes the partner feel even more pressured. "Maybe" makes both people feel miserable.

The daily battles cease when you get out your calendars and schedule sex. "Many people think the 'best sex' is spontaneous," Sugrue says. "That may be true in new relationships. But in established relationships, the best sex is scheduled." Scheduling means you both know exactly when you'll be making love. That's usually a tremendous relief for both partners. Evenings become calmer, conversations less strained, resentments less stinging. Sexual uncertainty—and the anger that accompanies it—is replaced by sexual certainty and, over time, usually by grudging acceptance of the compromise. "Scheduling sex is good for both people," Alperstein explains. "The one who wants more knows there will be sex on a certain date and can look forward to it. The one who wants less knows sex will happen only on certain days, and gets a break from fending off advances, which helps that person get psyched up for sex dates."

**What if I'm not in the mood?** For people who want sex less frequently, the idea of scheduling it raises a difficult question: "What if we have a sex date, and I'm not in the mood?"

A pervasive myth holds that sex should just happen when lovers are "in the mood." It feels wonderful to fall spontaneously into an eager lover's arms, but after a while, that usually stops happening. By the time people have been together long enough for a desire difference to become a festering sore, sex never just happens, because one person always seems to be in the mood while the other rarely is.

What does it mean to be “in the mood”? When Masters and Johnson first described the sexual response cycle in 1966, they didn’t mention sexual desire. They simply assumed that everyone had a “sex drive,” that it was a biological imperative that fueled procreation. Now we know that desire/lust/libido/sex drive can’t be assumed. In 1979, noted sex therapist Helen Singer Kaplan, M.D., was the first to discuss desire as a distinct element of sexuality. She observed that individual levels of desire varied tremendously and that “desire disorders”—differences in preferred sexual frequency and lost libido—were problems that needed to be addressed. Sex therapists have been addressing them ever since, and today, desire problems are a leading reason why couples consult sex therapists.

In most people’s ideal worlds, sexual desire, or “the mood,” precedes sex. That’s true for many people, but not for all. Rosemary Basson, M.D., a professor in the departments of psychiatry and obstetrics and gynecology at the University of British Columbia in Vancouver, has discovered that many women say they experience no particular desire for sex before it begins. Instead, they feel sexually neutral, and then warm up to sex gradually as they make love. Only when they become highly aroused do these women become aware of feeling desire. In other words, for some women, desire does not precede sex—it’s the *result* of sex. Because men are the lower-desire partner in about one-third of couples with problematic desire differences, it’s reasonable to assume that many men experience desire the same way.

If these women (and presumably, men) don’t experience a “drive” for sex, why do they make love? For other reasons, Basson contends: to please their lovers, to feel close to their lovers, as an investment in their relationships, to reassure themselves that they are sexually attractive, and to share the experience of intimacy with their lovers. In other words, many people get their sexual motors running for reasons that are not strictly sexual.

What about early in relationships, when new lovers can’t keep their hands off each other? Basson’s model still holds. People who feel a classic sex drive revel in their libido as they fall in love and enjoy hot-and-heavy sex. Meanwhile, people who feel more interested in physical and emotional closeness know that sex opens a door to those elements of a relationship. So early in relationships, when they feel hungry for closeness, they’re also up for lots of sex. But as the relationship develops and the lovers settle into life together, needs for physical and emotional closeness become less intensely felt. As a result, people for whom those nonsexual needs are primary feel less interest in sex.

There’s an old saying about the sexual difference between men and women: “For men, sex leads to intimacy. For women, intimacy leads to sex.” Today it’s

clear that desire differences are not gender-based, so it would be more accurate to say: For the partner who wants more sex, sex leads to intimacy. For the one who wants it less, intimacy leads to sex.

If you want more sex than your partner, it's important not to pressure her by saying, "If desire doesn't precede sex for you, then your desire doesn't really matter. Just have sex with me whenever I want, and you'll get in the mood as we make love." If you don't see anything wrong with this statement, imagine that your partner loves to socialize with certain friends. You like them (sort of) and usually enjoy yourself at get-togethers, but they're not really your cup of tea. How would you feel if she said: "It doesn't matter that you don't really care for them. Just play along and you'll have a good time by the end of the visit." That may be acceptable once a month—but not twice a week. The key here is to negotiate a sexual frequency you both consider workable. Sex should never feel coerced.

To resolve a desire difference, it's equally important for those who want less sex to let go of the idea that they have to feel in the mood before it's okay to become sexual. "If you're feeling neutral about sex, and you have a sex date scheduled," Alperstein says, "there's nothing wrong with psyching yourself up to become sexual. It's part of your frequency agreement. It's for the good of your relationship. You've been freed from the constant fights about doing it. Chances are you'll ultimately feel good about the experience."

**Embrace your schedule with goodwill.** Once you've negotiated a sexual frequency compromise, accept it. Neither of you is getting what you truly want. But both of you are getting a frequency you can live with. Don't make snide remarks reminding your lover of the huge sacrifice you feel you made. She already knows about your side of the bargain—and has made a similar sacrifice. Put the bickering and divisiveness behind you.

**Cultivate nonsexual affection.** Once you have regular sex dates, you both benefit—you get the freedom to give and receive nonsexual affection without its being misconstrued. As you read in [chapter 1](#), touch is deeply nurturing and comforting, a nutrient transmitted through the skin. Being touched, held, and cuddled are among life's most satisfying little pleasures. Affectionate touch gives physical expression to the emotional connection you and your lover share. It's a tremendous boon to your relationship. Once your sex is scheduled, affectionate touch stops carrying sexual expectations. Both of you can initiate hugging and cuddling, secure in the knowledge that all you're doing is sharing nonsexual physical affection. That's usually a relief—and it allows nonsexual affectionate touch to resume its important place in the relationship.

If you're the one who wants sex less, initiate nonsexual affection. It won't

lead to sexual demands, but it may well help you both enjoy each other more.

**Restore goodwill.** Desire differences can poison relationships. Compromising on sexual frequency regularizes the sex, but it doesn't automatically provide an antidote to the poison. You must create that antidote yourselves with acts of love, kindness, tenderness, and compassion. "When a relationship is stressed," Alperstein explains, "both partners typically wait for the other to be nicer. I tell them: Stop waiting. Just be nicer, both of you, starting now." Alperstein advises that both people initiate nonsexual affection at least once a day, and look for moments every day to express spontaneous appreciation for each other. "When I suggest this, people sometimes squirm," she says. "They think it's too cookbook. But after some initial expressions of affection and appreciation that may feel grudging, people usually get into it. Everyone likes to feel appreciated. Everyone enjoys affection. They're key elements of relationship goodwill."

**Savor your solution.** When couples negotiate a compromise with scheduled sex, at first, both people tend to feel wary. That's reasonable. Smooth relations have eroded. Trust has been damaged. And both people may focus more on what they've given up than on what they've gained. But over time, assuming that you both honor your agreement, return to nonsexual affection, and restore goodwill, things improve. Resentments slowly fade. The quality of your relationship improves. As it does, so does the sex, usually. The one who wants less sex typically becomes more comfortable, which improves that person's responsiveness. That adds to the enjoyment of the one who wants more sex. As time passes, you both realize you've weathered a hard time and re-created good times. You still have your desire difference, but you have negotiated a resolution you can both live with comfortably.

## **LIBIDO LOSS: ITS MANY CAUSES—AND POSSIBLE SOLUTIONS**

What exactly is sexual desire? No one knows. Some people experience a physical need for sex comparable to hunger. Others often feel neutral about sex, but get turned on by noncoercive lovemaking, as Basson's research shows. And some people feel positively turned off to sex, utterly lacking in libido. "Libido is a mystery," Klein says. "We know it has five components: biology; individual sex drive, if any; relationship quality; psychology including people's individual emotional histories; and cultural elements, meaning what's considered 'normal' and 'appropriate' in people's worlds. Each element can boost or reduce libido,

and each one can affect the others. That's why desire is so complicated."

Lack of sexual desire is quite common. The University of Chicago survey summarized in the Introduction asked respondents about their interest in sex. The survey did not distinguish between feeling neutral and feeling actively negative. Nonetheless, the results are telling. Overall, about one-third of the women and one-seventh of the men said that during the previous year, they had no interest in sex.

While the actual causes of libido loss in any individual often remain unclear, many factors can contribute to the situation. Here are the most common.

**Chronic desire differences.** A frequent prelude to libido loss is a chronic desire difference. As the problem festers, bitterness and conflict may cause the lower-desire partner to turn off to sex.

**Relationship problems.** Other relationship stresses—from major conflicts to accumulated resentments involving minor but persistent hassles—may also lead to libido loss. Couples faced with one partner's libido loss should seriously consider seeking counseling.

**Sex problems.** When a man suffers from chronic involuntary ejaculation, erectile dysfunction, or ejaculation difficulties—and the problem remains untreated and unresolved—lovemaking may become quite stress-provoking. The same is true for women suffering pain on intercourse or an inability to express orgasm. In such situations, having sex may become more distressing than completely withdrawing from it. If a specific sex problem contributes to libido loss, try the self-help approaches discussed throughout this book, or consult a sex therapist.

**Other emotional stress.** Sexual desire is a fragile, mysterious appetite. Just as a tiny pebble in a shoe can cause a major limp, stresses other than relationship and sex problems can destroy libido. Review the material on stress throughout this book. Assess your stress level and coping skills using StressMap (see Resources). Incorporate an ongoing stress management program into your life ([chapter 2](#)). If self-help approaches don't help you enough, consider professional counseling. But be careful about using anti-anxiety medications. Many of them cause sex problems and libido loss (see "[Other Drugs](#)").

**Illness, injury, and disabilities.** "Any physical problem, from the common cold to cancer, can reduce or eliminate libido," Weston says. During illness, the body invests its energy in healing, leaving less energy for other pursuits, including sex. In addition, illness, injury, and disability often cause pain, another libido suppressor. Compounding this problem, many prescription pain-killers (see "[Other Drugs](#)") also diminish libido. Finally, illnesses, injuries, and disabilities are depressing, and depression is a major libido-killer. Compared

with the healthy population, those with chronic medical conditions have significantly higher rates of depression.

To make matters worse, many antidepressant medications also cause loss of sexual desire (see “[Other Drugs](#)”). If an antidepressant is impairing your libido, consider taking Viagra in addition to your antidepressant. University of New Mexico researchers worked with 76 men who complained of sex problems—libido loss, ED, trouble ejaculating—after taking the Prozac family of antidepressants (SSRIs, selective serotonin reuptake inhibitors) for an average of 2 years. They were given either a placebo or Viagra (50 or 100 milligrams as needed). After 6 weeks, those who took Viagra reported significantly improved libidos, erections, ejaculation, and overall sexual satisfaction.

“Some people place great value on remaining sexual despite serious medical problems,” Weston explains. “Their attitude is: ‘I know what I can no longer do, but I’m going to focus on what I can do, and make the most of it.’ Others develop a minor health problem and say, ‘That’s it. I’m through with sex.’ ”

**Convalescence.** Have you ever recovered from the flu, only to feel surprisingly lethargic for another week or 10 days? Viral infections—including the flu, mononucleosis, and hepatitis—are notorious for causing lingering sluggishness long after you think you’re better. Most people, especially men, have little patience for the time it can take to fully heal. They charge back into their lives—and into sex—and may be mortified at how little energy they have for lovemaking. Attempts to shortcut convalescence can compromise libido.

**Desire vs. feeling desirable.** Both men and women are raised to value personal attractiveness and to invest self-esteem in being attractive. But for men, financial success or a high-status job can offset physical shortcomings. This is less true for women. “Despite greater gender equality,” Weston explains, “women are still judged physically. Even if women are successful in their work, if they don’t fit society’s standards of desirable, their chances of finding a mate are greatly diminished.” Women spend a great deal of time and energy making themselves desirable, so much so that many women don’t focus on their own sexual desire. “It’s just not an issue until they’ve established a relationship,” Sugrue explains, “and then some women realize that they don’t feel much, or any, desire. Beyond all the other possible causes of low libido, some women just don’t have much experience feeling their own desire.” Sex therapy can help them get in touch with it.

**Body issues.** Men love to look at naked women, and the women in pornography and advertisements can’t seem to get enough of flaunting their bodies. But many real women have body-image issues that make them feel fat, flabby, ugly, and undesirable. Poor self-esteem can dampen her libido. Also, as

the years pass, your bodies might change in ways that turn either of you off. Weight gain or other changes can make you feel that she is no longer the person you fell in love with, and she may feel the same about you. Loss of attraction can destroy libido.

**Physical exhaustion.** If you're working overtime, your libido might take a vacation. People have only so much energy. If you're investing all of your energy in work, caring for others, or recreational pursuits, such as training for a marathon, you may not have enough left over for sex.

**Premenstrual syndrome and menstrual cramps.** Women who suffer from severe PMS or cramps may feel sexually out of commission for a week to 10 days every cycle. If they feel that the men in their lives are insensitive to their suffering and unsupportive, they may withdraw from sex altogether.

**Nutritional deficiencies.** Certain vitamin and mineral deficiencies—such as chronically low levels of zinc—can depress libido. In addition, starvation diets and anorexia nervosa diminish libido. A medical work-up for libido loss should evaluate nutritional status.

**Hormone deficiencies.** In both sexes, male sex hormones fuel libido. Men produce testosterone. Women produce similar but slightly different hormones, collectively known as androgens. (Men produce higher levels than women.) In cases of libido loss, many people view testosterone or androgen supplementation as a potential quick fix. But if you're solidly within the normal range, supplemental male sex hormones produce no benefit—and in men, they may stimulate the growth of prostate cancer. However, if you're “low-normal,” recent studies show that supplementation may help.

For both sexes, male sex hormone levels decline with age and can fall to levels that destroy libido. In men, age-related testosterone loss is less pronounced than many men believe. Most researchers consider testosterone normal at any level above 325 nanograms per deciliter of blood. The vast majority of men under 30 (97.5 percent) have higher testosterone levels. Testosterone deficiency remains rare until after age 60. Researchers with the Baltimore Longitudinal Study on Aging measured the testosterone levels of 890 older men. Among those in their 60s, about 20 percent were below normal. For men in their 70s, the figure was 30 percent, and for men in their 80s, 50 percent. In other words, until age 80, the majority of men are not testosterone-deficient. On the other hand, when trying to figure out the cause of libido loss, it's a good idea to get tested. Consult your physician for the blood test. Testosterone levels fluctuate during the day. To get a true picture of your level, you may have to get tested at several different times during the day.

In women, as ovarian production of estrogen declines with menopause, so

does production of androgens. Many women experience libido loss during menopause. Italian researchers studied 355 menopausal women, 22 percent of whom complained of decreased sexual desire. Another 30 percent said they experienced pain during intercourse, typically from vaginal dryness, which can also contribute to libido loss. A Swedish study of 5,990 menopausal women produced similar findings. Other menopause-related complaints that can decrease sexual interest—hot flashes, irritability, depression, sleep problems, and muscle and joint pain—affected half of these women.

“When menopausal women tell me they’ve lost their libido,” Weston says, “I urge them to have their androgens checked. Sometimes they’re low.” Androgen supplements can be taken as pills or applied topically. Weston recommends topical androgen cream, applied daily to the genitals, custom-prepared by a compounding pharmacist (see Resources). “The creams help,” she says. “Androgen levels return to normal, and so does libido.” Some gynecologists warn that androgen supplementation causes masculine characteristics, for example, facial hair growth. But Weston says that in her experience, the creams don’t cause these side effects.

Each year some 250,000 American women experience sudden androgen loss because they have their ovaries surgically removed, often years before menopause. To maintain libido, these women need supplemental androgens. Recently, Harvard researchers tested an androgen patch on 75 women who’d had their ovaries removed. The researchers asked them to keep diaries of their sex fantasies, masturbation, and partner sex before and after wearing the patch. While wearing the androgen patch, all three measures of sexual interest and activity increased significantly.

Until recently, sexuality authorities believed that women didn’t suffer androgen deficiency until menopause, so they didn’t test androgen levels in women complaining of lost libido who were still menstruating regularly. However, recent studies at Harvard’s Center for Sexual Function show that young menstruating women may, in fact, develop androgen deficiencies. Any woman with libido loss should have her androgen levels tested.

**Birth control pills, other hormonal contraceptives, and hormone replacement therapy (HRT).** One little-known side effect of the Pill is loss of sexual desire. Researchers with the Kinsey Institute at the University of Indiana followed 107 women who began taking birth control pills. A year later, 47 percent had switched methods. The most common reason was the Pill’s physical side effects. However, quite a few of the participants said they went off the Pill because of decreased sexual thoughts, reduced libido, and difficulties becoming sexually aroused. It’s not entirely clear why hormonal contraceptives decrease

libido, but most researchers believe that the estrogen they contain either decreases androgen levels or interferes with androgens' libido-fueling effects. Other hormonal contraceptives have similar effects.

But not all birth control pills diminish libido. San Francisco State University researchers compared the sexual effects of monophasic pills, which contain constant doses of estrogen and progestin, with triphasic pills, which vary progestin levels throughout each cycle. Women taking triphasic pills not only reported greater interest in sex than those on the monophasic pills, but also more sex fantasies, greater arousal during sex, and greater satisfaction from lovemaking. Most women in the study who used triphasic pills took OrthoNovum 7/7/7.

Triphasics have somewhat different effects on women's sex hormones than monophasics. If a woman feels less libido after starting to take a monophasic birth control pill, she can ask the prescribing clinician to switch her to a triphasic oral contraceptive. If that doesn't help, she may want to switch to another method. (See [chapter 12](#).)

Postmenopausal hormone therapy is less popular today than it was in the 1990s, but many women still take it. It, too, is associated with diminished libido.

**Depression.** An estimated three-quarters of people who are seriously ("clinically") depressed report little or no libido. But you don't have to be clinically depressed to have a blue mood crush your interest in lovemaking. As psychological distress increases, libido decreases. And many drugs used to treat depression are associated with libido loss (see "[Other Drugs](#)").

**High-fat, high-cholesterol diets.** A high-fat, high-cholesterol diet—one based on meats, whole-milk dairy products, fast food, and junk food—increases blood cholesterol levels. This contributes to erectile dysfunction in men and loss of natural vaginal lubrication in women. These sexual issues can contribute to libido loss. A high-fat, high-cholesterol diet is also associated with weight gain, which often interferes with sexual desire. (Review the information in [chapter 2](#) on the sexual benefits of a plant-based diet that's low in fat and cholesterol.)

**Weight gain.** Some people who are overweight have robust libidos. However, excess weight makes many others feel less attractive, less desirable, and more anxious about being seen naked. In other words, extra pounds can cause stress—sometimes severe stress—that might dampen sexual desire and responsiveness. In addition, carrying extra weight requires energy, which may contribute to fatigue and can sap libido.

Losing weight often boosts interest in sex. Psychologist Ronette Kolotkin, Ph.D., of the Duke University Diet and Fitness Center, noticed that people who have lost weight at the center often remarked that they felt more sexual. Curious,

she surveyed 70 men in the program, aged 18 to 65, before and after they lost up to 30 pounds. “After losing weight,” she says, “they all reported more sexual desire.” Weight loss increases energy, vitality, and self-confidence, all of which are factors in libido.

**Infertility.** When couples who want to get pregnant don’t, sex often becomes a tedious chore. You have to coordinate lovemaking with the days each month that the woman is most fertile. If several months pass with no pregnancy, the sex suffers—and quite often so does one or both partners’ libido. If the woman has to take fertility drugs or the man has to provide sperm for artificial insemination or in vitro fertilization, that can contribute to even greater alienation from sex. “You set out to do something great, becoming parents,” Alperstein says, “and not only can’t you, but you wind up feeling something’s wrong with you. That usually depresses self-esteem, which can interfere with sexual interest.”

Couples hoping to become parents should hang in there and try not to get depressed. Joining a support group can help. And it’s important to make love for the sake of your intimacy, not just for procreating.

**Pregnancy.** Pregnancy has wildly unpredictable effects on women’s libidos. To write their book *The Mother’s Guide to Sex*, Anne Semans and Cathy Winks surveyed 700 mothers. “Some women said they had more desire and the best sex of their lives while pregnant,” Semans says. “Others’ libidos went down the tubes.” When pregnant women experience extended morning sickness, back pain, fatigue, and other pregnancy-related discomforts, they may turn off to sex.

A wife’s pregnancy also has unpredictable effects on libido in many men. Some get turned on. Other become turned off. For more on the sexual implications of pregnancy, see [chapter 7](#).

**Nursing.** After giving birth, women’s estrogen levels drop and levels of other hormones, notably prolactin, rise. New fathers also experience an increase in prolactin. This hormone has a libido-dampening effect. In addition, the woman is recovering from labor, and both parents are dealing with the exhaustion and stresses of new parenthood. As a result, most women don’t feel very interested in sex during breastfeeding. “In addition,” Semans explains, “the woman’s breasts are engorged with milk, which can feel uncomfortable and raise body-image issues. Some men get turned on by the wife’s nursing. But others get turned off by huge breasts dripping milk.”

**Parenthood.** Our culture desexualizes parents. Women are supposed to be sexy—until they become mothers. Then they’re supposed to focus on motherhood, not lovemaking. Men are supposed to be horny studs—until they become fathers. Then they’re supposed to buy life insurance, start saving for the child’s college education, and focus entirely on the role of breadwinner. In

addition, parenthood is physically exhausting, and it's as emotionally draining as it is rewarding. One emotion that can fade away is libido.

Unfortunately, few couples are prepared for the sexual changes of new parenthood. "Doctors typically advise abstaining from intercourse for 6 weeks," Winks says, "and then they say that everything should be fine. They don't talk about hormone-related loss of desire that can last much longer, or postpartum depression, or the exhaustion new parents feel, or the other emotional changes that take place when a 'couple' becomes a 'family.' All these changes can reduce libido."

It takes a tremendous amount of energy to raise children. "Until the youngest child is at least 3, most people's sex lives suffer," Weston says, "but if there was good sex before parenthood, most people return to satisfying sex as the kids get older."

**Frequent masturbation.** It's fine to masturbate. Virtually everyone does. It's perfectly normal and healthy, even when you're part of a couple. But sometimes, frequent masturbation can reduce interest in partner sex. If you masturbate more than a few times a week and notice decreased libido, try masturbating a little less, and see how that affects your interest in partner sex.

**A history of sexual trauma.** In the University of California survey discussed in the Introduction, about 15 percent of the women and 3 percent of the men reported that as children, they could recall feeling forced or frightened into having sex. Abusive childhood sexual experiences typically cause sex problems, mental health problems, and libido loss. See [chapter 10](#) for information on recovering from sexual trauma.

**Sleep apnea.** Sleep apnea is a particular type of snoring. "Apnea" means "no breathing." Ordinary snoring doesn't interrupt breathing, but apnea does. People with sleep apnea suck their airways closed when they snore—and they stop breathing, usually for a few seconds, but possibly for up to a minute. Apnea reduces the amount of oxygen in the blood, which sets off an internal alarm, and the brain rouses the person, which restores breathing. But every apnea episode—and people with sleep apnea typically have dozens a night—causes subtle physical harm. Blood pressure rises. The heart must pump harder. Sleep quality plummets, causing daytime fatigue and drowsiness. And according to a recent Israeli study, testosterone levels can fall low enough to compromise libido.

An estimated 18 million Americans have sleep apnea, particularly overweight, middle-aged men. Apnea affects many women as well.

Bedmates can diagnose apnea fairly easily. Just listen for a combination of loud snoring and choking silences. If you hear what sounds like apnea, send your partner to a physician.

Sleep apnea is easy to treat. All it takes is a “continuous positive airway pressure” (C-PAP) machine. C-PAP devices include a mask, which fits over the person’s nose, connected to a small pump that gently pushes extra oxygen into the lungs with each breath. C-PAPs prevent airway collapse and maintain a healthy level of oxygen in the blood. They cost about \$1,200 and are available from sleep centers. Health insurers typically cover the cost of C-PAP machines. Unfortunately, many people find C-PAPs uncomfortable, difficult to use, or a sexual turn-off.

**Alcohol.** The first drink is disinhibiting, meaning that lovers are more likely to accept sexual invitations. But if you drink more than two beers, cocktails, or glasses of wine in an hour, alcohol becomes a powerful central nervous system depressant that interferes with erection in men and sexual responsiveness in women. In addition, alcohol has estrogenic effects on the body. In alcoholics, chronic alcohol abuse can tilt the hormonal balance away from testosterone, depressing libido.

**Smoking.** Review the discussion of smoking in [chapter 2](#). Smoking contributes to physical problems that can reduce libido.

**Other drugs.** Some drugs depress libido directly. These include central nervous system depressants known as downers: narcotics, tranquilizers, sedatives, and many psychiatric medications.

Other drugs have side effects that may impair sexual interest. The key word here is “may.” If you take any of the drugs listed in the sidebar, you’re not necessarily fated to see your libido decline or disappear. Sexual side effects are highly individual. But if you believe you’re experiencing libido-depressing side effects from any drug, consult the physician who prescribed the medication. It’s possible that another drug might be substituted, or that some other treatment might minimize the sexual side effects.

This list of libido-depressing drugs has been adapted from an article published in the *Journal of Family Practice* by authors who combed the medical literature for reports of drugs with sexual side effects. Drugs frequently associated with libido loss are starred (\*).

**Over-the-counter drugs:** Benadryl (antihistamine), Tagamet (stomach upset and ulcers), Zantac (stomach upset and ulcers), any drug whose label says, “May cause drowsiness.”

**Narcotics:** codeine, Darvocet, Darvon, Demerol, Dolopine\*, Methadone\*, morphine\*, Oxycontin, Percocet, Percodan, Roxanol, Vicodin.

**Tranquilizers:** Anafranil\*, Ativan, barbiturates, BuSpar, Compazine, Haldol, Librium, Mellaril, Mitran, Navane, Risperdal, Thorazine\*, Valium, Xanax, Zetran.

**Sedatives:** Dalmane, Halcion, Phenobarbital\*, Restoril.

**Blood pressure medication (antihypertensives):** Aldactone\*, Aldomet\*, Arfonad, Blocadren, Catapres, Hygroton\*, Hylorel\*, Inderal, Inversine, Ismelin\*, Lopressor, Lotensin, Lozol, Midamor, Normodyne, Prinivil, Reserpine, Thalitone\*, Toprol, Trandate, Zestril.

**Antidepressants:** Adpatin, Anafranil, Ascendin, Aventyl, Effexor, Elavil, Janimine, Ludiomil, Nardil, Norpramin, Pamelor, Parnate, Paxil, Pertofrane, Prozac\*, Sinequan, Tofranil, Vivactil, Wellbutrin, Zoloft.

**Other psychiatric medications:** Compazine, Eskalith\*, Klonopin, Lithium\*, Lithonate, Orap, Permitil\*, Prolixin\*, Serax.

**Seizure drugs:** Atretol (seizure), Diamox (glaucoma, seizure), Dilantin (seizures), Mysoline (seizure), Tegretol (seizure).

**Other prescription medications:** Amen (female sex hormone), Anxanil (antihistamine), Atarax (antihistamine), Atromid (lowers cholesterol), Cordarone (cardiac arrhythmia), Cycrin (female sex hormone), Danazol\* (endometriosis), Danocrine\* (endometriosis), Daranide (glaucoma), Depo-Provera (contraception), Diamox (glaucoma), Digoxin\* (congestive heart failure), Estinyl\* (menopausal complaints), Fastin (weight loss), Flagyl (parasitic infection), Interferon (immune stimulant), Lanoxin\* (congestive heart failure), Lopid (lowers cholesterol), Mexitil (cardiac arrhythmia), Neptazane (glaucoma), Niacor\* (lowers cholesterol), Nicobid\* (lowers cholesterol), Nicolar\* (lowers cholesterol), Nizoral\* (fungal infections—oral only, not the cream), Novaldex—also sold as tamoxifen—(breast cancer), Protostat (parasitic infection), Reglan (nausea, vertigo, heartburn), Robinul (ulcer), Vistaril (antihistamine).

**Recreational and illicit drugs:** alcohol, amphetamines, amyl nitrate, marijuana, narcotics.

## LIVING WITH THE MOST FRUSTRATING SEX PROBLEM

Contemporary sex therapy enjoys considerable success treating every sex problem—except unexplained libido loss. Sometimes sex therapy helps restore lost or flagging libido. All the members of this book's advisory board have helped couples overcome one partner's libido loss and restore the relationship to regular lovemaking. But frequently, even after extensive medical work-ups, doctors, sex therapists, and the couple cannot figure out why one partner's libido has disappeared.

"When I see couples with libido loss," Klein says, "I run down the checklist of possible causes and address each one. Relationship problems, sex problems, sexual trauma history, and other stress problems usually respond to therapy.

Illnesses, injuries, and sex hormone deficiencies can usually be treated medically. People can learn to adjust to disabilities. Pregnancy and parenthood issues usually respond to time, education, and counseling. Drug problems usually respond to treatment. But more often than with other sex problems, the combination of medical treatment and sex therapy doesn't fix libido loss. It's the most frustrating problem I deal with."

Distress over libido loss has focused unprecedented attention on sex stimulants. That's the subject of the next chapter.

## APHRODISIACS

### THE NEW SCIENCE OF SEXUAL STIMULATION

Down through the ages, men and women have celebrated an odd assortment of foods, flora, and fauna for their power to set off sexual fireworks. Belief in traditional aphrodisiacs is based upon ancient myths, medieval medical theory, and traditional herbal medicine. The very term “aphrodisiac” originated with the myth of Aphrodite, the Greek goddess of beauty and love who was the mother of Cupid. The legend holds that in a battle for the throne of the heavens, Kronos killed and castrated his father, Uranus, and threw his genitals into the sea. This caused the ocean waters to foam up and gave birth to Aphrodite. The love goddess’s mythical nativity led to the belief that many fish, shellfish, and other seafoods were sex stimulants.

The Middle Ages saw the rise of a medical philosophy known as the Doctrine of Signatures, a concept that plants and animals announced their medical benefits by their appearance, or “signature.” Plants with heart-shaped leaves, for example, were thought to contain special powers to treat heart disease. Plants with hollow stems through which air could flow were used to treat respiratory conditions. By the same logic, plants with a phallic appearance—especially asparagus and bananas—were considered virility boosters, while anything soft and moist—such as oysters and ripe, juicy fruits—were linked to the vulva and vagina, and considered libido enhancers.

The Doctrine of Signatures partly explains why, for centuries, Asians have revered ginseng root as a male aphrodisiac. The root is often shaped like a little person, with a torso-like center, branches that resemble arms and legs, and sometimes little knobs where a penis and testicles should be. In Africa and elsewhere, the horns of rhinos, deer, and other animals looked phallic enough to spur a belief that they were sex stimulants—hence the term *horny*, meaning lustful. Actual animal penises and testicles were themselves often eaten in the belief that they would boost virility. Finally, the Doctrine of Signatures extended

to taste. Hot spices such as ginger, pepper, and garlic were said to ignite the heat of lust.

In traditional herbal medicine, any plant known to contain a chemical stimulant was also assumed to be a sex stimulant. In the Middle East, before Arab caliphs visited their harems, they sipped coffee to ingest the potent stimulant caffeine. Similarly, Aztec emperor Montezuma and Italian libertine Casanova caffeinated themselves for sex by drinking hot chocolate. The herb ginseng was also deemed to increase passion in bed because it contains ginsenosides, stimulants that enhance physical stamina. Herbs that act on the genitourinary system also gained reputations as aphrodisiacs. Among these were urinary irritants such as Spanish fly (which is potentially poisonous), as well as diuretics including sarsaparilla and saw palmetto.

Until recently, scientists have dismissed all traditional aphrodisiacs as bogus, despite their sexy reputations. Researchers claimed the power of aphrodisiacs had less to do with sex than with suggestion. And perhaps this view is justified: It's often difficult to separate a substance's emotional effects from its physical ones.

Of course, because sexual enjoyment involves the mind as much as the body, anything people consider arousing becomes a sex stimulant, at least to some extent. While science has not identified any magic love potion that reliably charms lovers into bed, a surprising number of foods, herbs, and drugs do, in fact, have physiological effects that may enhance desire and *l'amour*. And if we define "aphrodisiac" broadly, including anything that adds extra zing to lovemaking, the possibilities become as boundless as the erotic imagination.

## A GUIDE TO THE SAFE USE OF HERBS

While herbal remedies are generally safe and cause few, if any, side effects, health care providers are quick to caution that botanical medicines should be used cautiously and knowledgeably. Do not take any herb without your doctor's knowledge, especially if you are taking medication or receiving other treatment for any health condition. If your partner is pregnant, she should not take any herb without the consent of her prenatal care provider. The same advice applies to nursing mothers and couples who are trying to conceive.

Some herbal remedies may cause adverse reactions if you are allergy-prone, have a major health condition, take prescription medication, take an herb for too long, take too much, or use the herb improperly. Since some herbs can cause a skin reaction when used topically, it's always wise to do a patch test before applying an herb for the first time. Here's how: Apply a small amount to your skin and observe it for 24 hours to be sure that you aren't sensitive. If redness or a rash occurs, discontinue use.

# THE ANCIENT ART AND SCIENCE OF SEDUCTION

Scientists have discovered that many traditional aphrodisiacs—food and herbs—do indeed stimulate more than just the imagination.

**Caffeine (in coffee, tea, colas, cocoa, and chocolate).** If your partner is yawning when you're raring to go, a cup of coffee (maybe with a piece of chocolate) just may help her stay awake long enough to get it on. But caffeine does more than simply keep the sandman at bay. It also has antidepressant action that may contribute to its sex-stimulating effect. And in a University of Michigan survey of 744 married couples aged 60 or older, compared with those who drank no coffee, the daily java drinkers were more likely to call themselves sexually active (62 percent versus 38 percent). Coffee-drinking men also reported less erectile dysfunction (ED).

**Chaste tree.** As suggested by its name, in the ancient world, this herb was long thought to suppress sex drive. In *The Iliad*, Homer describes it as a symbol of virginity. In ancient Rome, the vestal virgins carried chaste tree twigs as symbols of their chastity. During the Middle Ages, the flowers were strewn on the ground before the feet of novitiates as they entered cloisters, symbolically preparing them for their vow of chastity. And monks munched the berries to suppress sexual urges.

Not all of the ancients bought into chaste tree's demure reputation, however. The first-century naturalist Pliny considered chaste tree an aphrodisiac. Before him, the Greek physician Dioscorides noted that the small, dark, peppercornlike berries of the shrub could increase milk production in nursing mothers.

Modern research has shown that chaste tree affects the balance of women's sex hormones, reducing estrogen and follicle-stimulating hormone while increasing progesterone and luteinizing hormone. These hormonal manipulations help relieve premenstrual syndrome (PMS). When German researchers gave 1,634 PMS sufferers chaste tree for 6 months, 90 percent of the subjects reported significant or complete relief from their symptoms. In another German study, 175 women with PMS took either vitamin B<sub>6</sub> (a treatment proven to relieve PMS) or chaste tree. After 3 months, 61 percent of those taking B<sub>6</sub> considered it helpful, while 77 percent of the chaste tree group said their symptoms had improved. Relief from PMS could potentially help women be more in the mood for sex. Other research suggests that chaste tree berries can help normalize irregular menstrual periods as well as increase milk production, just as Dioscorides believed.

Chaste tree capsules are available in health food stores. Follow the package directions. Chaste tree supplements may counteract the effectiveness of birth control pills.

**Chocolate.** Chocolate contains not only caffeine but also two other compounds with possible sex-enhancing effects: anandamide and phenylethylamine. The word “anandamide” comes from the Sanskrit *ananda*, meaning bliss. Discovered in 1996, the substance is a neurotransmitter chemically similar to tetrahydrocannabinol (THC), the active compound in marijuana—which may partly explain why some people find chocolate so intoxicating.

Phenylethylamine (PEA) is a natural form of amphetamine. It’s also a natural antidepressant. In her book *The Alchemy of Love and Lust*, the late Theresa Crenshaw, M.D., calls it “the molecule of love.” Various studies have shown that both love and lust increase blood levels of PEA; but after a heartbreak, PEA levels plummet. Chocolate’s high levels of PEA may explain why the lovelorn sometimes binge on chocolate: It’s a way to raise their PEA levels.

Critics contend that chocolate’s PEA is metabolized so quickly that it couldn’t have much sexual effect. Perhaps, but gifts of chocolate have become a worldwide courtship ritual. Maybe it’s the candy’s silky texture and creamy taste. Or maybe it’s the PEA. The artificial sweetener NutraSweet (aspartame) also increases blood levels of PEA. Maybe lovers should forget the champagne, with its sex-killing alcohol, and instead, toast one another with goblets of Diet Coke.

**Damiana.** With a Latin name like *Turnera aphrodisiaca*, you’d think this Latin American herb would have attracted considerable research interest. Oddly, very few studies have investigated it. One animal study did show that damiana “improved the copulatory performance of sexually sluggish or impotent rats. These results seem to support damiana’s folk reputation as a sex stimulant.”

To take damiana in a tea, steep 1 teaspoon of the dried herb in 1 cup of boiling water for 15 minutes. Drink up to 3 cups a day. If you prefer to use commercial capsules or tinctures, follow the package directions.

**Fish.** Cold-water fish such as salmon, mackerel, herring, and halibut are high in omega-3 fatty acids, oils that help reduce cholesterol and the growth of artery-clogging deposits. In addition to improving bloodflow through the heart, omega-3s also improve bloodflow into the genitals, boosting men’s ability to raise erections and women’s ability to produce vaginal lubrication and become aroused.

The American Heart Association recommends eating two servings of fish a week.

**Garlic.** Many studies show that garlic helps reduce cholesterol, improving bloodflow to the heart and to the genitals. However, garlic is an anticoagulant. If you consume more than three cloves a day in addition to anticoagulant medication or other anticoagulants (such as aspirin, ginkgo, ginseng, or vitamin E), you may experience bruising or bleeding problems. Consult your physician.

**Ginkgo.** This is the newest arrival among sex-promoting herbs. Though ginkgo has no historical reputation as an aphrodisiac, it has been shown to boost bloodflow into the penis. This effect may help treat ED and sex problems caused by antidepressant medications, including some restoration of lost sexual desire. Standardized gingko extracts are available at supplement shops and health food stores. The recommended dose is 200 milligrams a day.

Like garlic, ginkgo is an anticoagulant. Again, if you use anticoagulant medication or other anticoagulants, consult your physician before taking ginkgo.

**Ginseng.** In addition to Korean researchers who use this herb to treat ED (See [chapter 4](#)), Chinese and Korean herbalists insist that it also promotes both libido and sexual function.

Research in other countries fails to show a direct link between ginseng and sex physiology. Some studies do suggest, however, that ginseng enhances feelings of well-being, which may contribute to an improved sex life.

- At the National Autonomous University of Mexico, researchers quizzed 501 people about their health, well-being, mood, energy, sleep quality, and sex lives. Then 162 were given a daily multi-vitamin/mineral supplement, while 338 were given the same formula plus ginseng. After 4 months, all the participants reported improved quality of life, but the ginseng group reported significantly greater improvement. This relates to sexual desire in that an increased feeling of well-being can lead to an increased interest in sex.
- Japanese researchers measured levels of libido-fueling androgen hormones and the stress hormone cortisol in menopausal women who had either no menopausal complaints or significant insomnia, fatigue, and depressed mood. The women with menopausal complaints had significantly higher levels of cortisol and lower levels of androgens. When all the women were given ginseng for a month, cortisol and androgen levels did not change in the women who had no menopausal symptoms; but in the women who did, cortisol levels declined significantly. Since lower cortisol levels mean less stress, they could also translate into higher libido and greater sexual satisfaction.

Obviously, this research does not prove that ginseng is a sex stimulant. But it is intriguing. As energy, stamina, and well-being improve, it would not be surprising for sexual interest and energy to increase as well.

Ginseng tablets, capsules, and teas are available in health food stores. Follow package directions. Ginseng must be used regularly for several months before its subtle stimulant action becomes noticeable. It's another anticoagulant, so remember to consult your physician if you take any other similar drugs or supplements.

**Licorice.** When researchers at the Smell and Taste Treatment and Research Foundation in Chicago measured penile bloodflow in volunteers exposed to various fragrances, the scent that prompted the biggest increase in bloodflow was a combination of licorice and fresh doughnuts. Lighting licorice-scented candles or using licorice-scented body lotion as a massage aid could help you and your partner set an especially romantic mood.

**Maca.** For centuries, inhabitants of the Andes have considered the tubers of this native ground cover to be aphrodisiacs. Chinese research offers some evidence to support this notion. In one study, male rats received either a placebo or maca extract for 22 days. Each male was then placed with five sexually receptive female rats. Subsequently, the females' vaginas were examined for the presence of sperm as a measure of mating success. Compared with females mated with control rats, those mated with maca-treated animals were more than twice as likely to contain sperm. This suggests that maca may have some sex-stimulating action. Other studies have shown that maca increases animal sperm counts.

Maca root or root extract is available at health food or herb stores; it should be used according to the package directions. It is advisable for women to avoid maca during nursing and pregnancy since the plant has hormone-regulating effects.

**Muira puama.** In the Brazilian Amazon where this shrub grows, it's known as potency wood. Its bark and roots have been used as aphrodisiacs for centuries. In a French study in which 202 healthy women complaining of low libido took a combination of muira puama and ginkgo, two-thirds reported improved sexual function—greater sexual desire, more fantasies and intercourse, improved ability to express orgasm, more intense orgasms, and greater sexual satisfaction.

Muira puama is available in tablet form; consult the package label for dosage instructions.

**Oats.** Many ranchers swear that horses fed wild oats become friskier and more libidinous. And when humans behave lustily, they're said to be "sowing their wild oats." Though research is scant, many herbalists recommend wild oats,

often in combination with ginseng and a bark called yohimbe, in aphrodisiac tea blends.

Oat bran is well-known for its ability to reduce cholesterol. Since high cholesterol levels are associated with erection problems, it's possible that lowering levels with a diet high in oats—specifically oat bran—may help men raise and maintain erections.

**Oysters.** Scientists scoffed at oysters' sexual reputation until nutritionists discovered that the shellfish are rich in zinc, a mineral that's crucial to men's sexual health. Men with zinc-deficient diets are at risk for prostate problems. University of Rochester researchers have restored sperm counts in infertile men using zinc supplements. And women as well as men with zinc deficiencies suffer infertility and libido loss.

In addition to oysters, whole grains and fresh fruits and vegetables contain this mineral.

**Quebracho.** This South American herb has an age-old reputation as an aphrodisiac. It contains yohimbine, a compound that the FDA has approved for the treatment of ED. Yohimbine is discussed in greater detail [below](#).

This herb is available in the form of tablets, drops, powders, and elixirs. Dosages are provided on the retail packaging.

**Saw palmetto.** This small palm tree native to the southeastern United States was recommended by early American folk healers for breast augmentation and treatment of benign prostate enlargement. Recent research shows that it won't boost anyone's bra size, but several double-blind studies show that saw palmetto extract does help treat prostate enlargement. Consult your doctor for proper diagnosis and monitoring before using this herb to treat an enlarged prostate.

**Tribulus terrestris.** India's traditional Ayurvedic herbalists have long used this Asian plant to treat urinary and prostate problems, and as a sexual tonic for men. Some research suggests that it raises testosterone levels. *Tribulus terrestris* should be used only under the guidance of a qualified herbal practitioner.

**Wild yam.** This tuber's sexual reputation springs from its longtime use as a treatment for gynecological ailments. It turns out that wild yam is a potent source of diosgenin, a chemical so closely resembling female sex hormones that it was used in the manufacture of the first birth control pills. Many herbalists recommend wild yam salves to women complaining of vaginal dryness.

For usage instructions, see the package labels on wild yam salves, capsules, or liquids.

**Yohimbe.** The bark of the West African yohimbe tree has traditionally been used as an erection-boosting sex stimulant. A compound in the bark, yohimbine, may help treat ED. As discussed in [chapter 4](#), the research is controversial, with

some studies supporting the efficacy of yohimbine and others showing no benefit. Nonetheless, yohimbine-based drugs are FDA-approved for ED treatment.

Since sex problems can contribute to libido loss, yohimbine used to treat a man's erection difficulties may also contribute to increased sexual energy.

Finally, yohimbine may boost women's sexual arousal. In a University of Texas study, 25 women complaining of sexual-arousal difficulties took either a placebo or a combination of yohimbine and L-arginine, an amino acid that plays a key role in genital bloodflow. When the women then viewed erotic videos, those who took the yohimbine–L-arginine treatment reported greater arousal than those who had received a placebo.

## A SKEPTIC'S GUIDE TO INTERNET APHRODISIACS

If you're like me, you regularly receive e-mail spam advertising "miraculous" sexual enhancement products. Are these offerings for real? Some guidelines for ordering online:

- Don't buy Viagra online. If you want it, see a physician.
- Don't buy a product simply because it has a sexy-sounding name.
- Don't buy a product if the Web site contains testimonials that sound too good to be true. They really are too good to be true.
- Some products trumpet "clinical studies" that prove their effectiveness. Don't buy products that fail to cite where the studies were published. Even when there is a citation, it's a good idea to search the Internet site of the relevant publication to confirm that the reference is legitimate.
- Any product that claims to cause penis enlargement is a fraud. No pill, salve, lotion, or potion can enlarge your penis.
- Don't buy any product described as a "sex vitamin." Unless you have a severe vitamin deficiency, no particular vitamin or combination of supplemental nutrients will enhance your sexuality.
- Don't buy any product described as "Spanish fly." Possibly the best-known purported aphrodisiac in the West, Spanish fly is actually a very dangerous drug. It's so hazardous—potentially lethal—that it's been banned in many countries, though it can still be purchased (under the counter) in the United States. It is a powder made from the pulverized bodies of *Cantharis* beetles. The active constituent is cantharidin, a substance that causes intense irritation of the digestive and genito-urinary tracts. Centuries ago, that irritation was misconstrued as lust. As little as 10 milligrams (about a tablespoon) of cantharidin can be fatal. Overdose symptoms include severe abdominal distress, drooling, blisters in the mouth, and priapism (painful, sustained erection). Many products that claim to be Spanish fly do not contain cantharidin. To be on the safe side, steer clear of anything that uses the name Spanish

fly.

- Don't buy any product that touts "secret" ingredients, or fails to list its ingredients.
- If a product does list ingredients, make sure it contains some of the compounds that have folkloric or scientific evidence of potential sexual benefit.
- If you decide to make a purchase, compare the Internet price with the prices of similar products sold at health food stores and supplement shops. Off-the-shelf products are often cheaper than those sold on the Web. For example, in stores, ArginMax for Men and ArginMax for Women each cost about \$1 a day, or \$30 a month. Similar products on the Internet often sell for twice that.

## SEX BOOSTERS FOR THE 21ST CENTURY

With desire differences and lost libido now considered among the nation's most common sex problems, Americans seem to be more obsessed than ever with sex stimulation. Today, old-fashioned aphrodisiacs such as oysters and chocolate have been overshadowed by the latest in turn-on technology. Supplements with sexually provocative names crowd health food store shelves. Hundreds of purported erotic elixirs are offered for sale on the Internet. And ever since Viagra demonstrated the enormous market for sex-enhancing drugs, the pharmaceutical industry has been working overtime to develop medications that restore lost libido and otherwise enrich lovemaking.

So far, despite all the advances in the science of sexuality, no one has discovered an instant, rip-your-clothes-off aphrodisiac. But provocative studies have shown that, in at least some people, sexual desire and arousal can be increased with the following chemicals, drugs, supplements, and even one device. Most of the research on these sex stimulants has studied women. However, nothing turns on a man like a turned-on woman. By that logic, these stimulants should benefit men as well as women.

**Androgens.** As noted in earlier chapters, supplementation of these sex hormones can restore sexual interest in men and women experiencing libido problems due to abnormally low hormone levels (though androgen deficiency is rare in men under the age of 60). The latest research suggests that in women, androgen levels once considered low-normal may, in fact, be low enough to impair sexual function.

Boston University researchers gave supplements of the androgen dehydroepiandrosterone (DHEA) to 113 women who complained of libido loss and other sex problems and who had androgen levels no higher than the lowest quarter of the normal range. Every day, the women took 50 milligrams of an over-the-counter DHEA supplement. After 4 months, their average androgen

levels increased to the upper half of the normal range—and the women reported significant increases in sexual desire, arousal, lubrication, orgasm, and sexual satisfaction.

Androgen supplementation for women has a bad reputation. Conventional wisdom claims that it masculinizes women, causing them to sprout facial hair and lose hair atop their heads. These and other side effects are, indeed, possible; but, in the DHEA-supplementation study, they were not a huge problem. Increased facial hair occurred in 11 percent of participants, hair loss in 1 percent, weight gain in 7 percent, breast tenderness in 1 percent, skin rash in 1 percent, and acne in 5 percent.

Early studies of androgen replacement also showed that large doses of androgens increase women's risk of heart disease and liver abnormalities. The dose used in the study mentioned above was considerably lower than the dangerous level, and no heart or liver problems turned up. However, that study lasted only 4 months—possibly not long enough for such side effects to develop. Most clinicians continue to discourage women with heart or liver disease from taking androgen supplements. Women with some other medical conditions should also steer clear. All women should consult their physicians before beginning supplementation.

Beyond DHEA, androgen can be replaced using a 1 to 2 percent topical testosterone cream ( $\frac{1}{4}$  teaspoon applied vaginally once every day or two) or the prescription drug Estratest, a combination pill containing estrogen and methyltestosterone. Most women prefer topical testosterone to pills. "I've recommended topical testosterone to several androgen-deficient postmenopausal women," says *Great Sex* advisory board member Louanne Weston, Ph.D. "I urge them to have their cream custom-formulated by a compounding pharmacist. That seems to work best. My clients have reported good results."

The latest approach to androgen replacement is a skin patch. Recently, Harvard researchers tested androgen patches on 75 women who produced no androgens because they'd had their ovaries removed. The women kept diaries of their sex fantasies, masturbation, and partner sex, pre- and post-patch. While wearing the patch, the women recorded significant increases in all measures of sexual interest and activity.

If your partner has trouble getting her sexual motor running and is not in any of the risk groups mentioned earlier, she should get her androgen levels tested. If her levels are in the bottom quarter of the normal range or below it, she can ask her doctor about taking supplemental androgens.

**ArginMax.** ArginMax for Men was discussed in [chapter 4](#) as an aid to

erection restoration. In the University of Hawaii study cited there, 75 percent of study participants said they enjoyed greater sexual satisfaction while taking the supplement.

In a Stanford study, a similar supplement, ArginMax for Women, proved significantly beneficial for restoration of lost libido in women—in some cases, with remarkable results. One striking case study is that of 30-year-old Hendy Lund of Scotts Valley, California, who at one time had enjoyed making love with her husband almost every night. Over a period of several months, for no apparent reason, her libido practically vanished. “We went from doing it almost daily to doing it maybe once a month—and even that was more than I wanted.” Lund pondered possible reasons for her sexual tailspin. “It didn’t feel connected to anything at work. I was working long hours—but I’d had intense jobs for years. My husband, Steve, and I had been together a while, and over time, sexual intensity diminishes. This was more than cooling. All of a sudden, I was in the freezer. Honestly, I had no idea why I lost my libido. But it was like I was a car whose engine would grind and grind, but never quite turn over.”

## FORGET VITAMINS FOR SEXUAL VIGOR

Some vitamin labels imply that they boost sexual energy. No so, according to a Hungarian study involving 1,342 women who kept diaries of their sexual frequency. The women were given either an off-the-shelf multivitamin or a placebo. Both groups maintained the same sexual frequency.

Because women and men are very metabolically similar, it seems reasonable to assume that a similar study of men would have the same results. A true deficiency in certain nutrients—for example, zinc—could have a negative effect on libido. For those who eat a decent diet and have no nutrient deficiencies, vitamins provide no additional sex boost.

Then she saw an advertisement looking for women with sex problems for a study of a new treatment, a nutritional supplement. “I was skeptical,” recalls Lund. “Vitamins for a better sex life? It seemed far-fetched. But I wanted my libido back, and so did Steve, so I called.”

The researchers quizzed her about her sexual desire, vaginal dryness, frequency of intercourse, pain on intercourse, frequency of orgasm, sexual satisfaction, and overall relationship satisfaction. Then Lund received an unmarked bottle of tablets and was told to take six a day for 30 days.

“For 2 weeks, I felt nothing,” says Lund. “Then I began to feel more sexual energy. The engine began to turn over. By the end of the 30 days, we were back to doing it three times a week—and I wanted to.”

It turned out that Lund had taken ArginMax for Women, a product similar to the one for men but with a slightly different formula: more calcium and iron (which women need more than men), less zinc (which men need more than women), a little less ginseng and L-arginine, and in addition to ginseng and ginkgo, one additional herb, damiana.

Lund was not the only study participant to experience ArginMax's sexual benefits. The study involved 77 women—34 of whom received ArginMax for Women; the rest, a placebo. The ArginMax group reported significant improvements in libido, frequency of intercourse, sexual satisfaction, and relationship satisfaction. They also reported less vaginal dryness and less discomfort during intercourse. ArginMax caused no significant side effects.

The study's author, Mary Lake Polan, M.D., chair of Stanford's department of obstetrics and gynecology, says she's no promoter of herbs and vitamins. "Ninety-nine percent of my practice is mainstream medicine." She was skeptical when ArginMax creator Hank Wu, M.D., approached her about studying his new supplement. She knew that vitamins play important roles in every body process, including sexuality. Still, she didn't necessarily believe that vitamins enhance sex. (In fact, they don't—see "Forget Vitamins for Sexual Vigor," opposite.) Dr. Polan was intrigued, however, by the herbs in Dr. Wu's product. Years earlier, while in China, she'd developed an interest in herbal medicine. She was familiar with the sexual folklore surrounding ginkgo, ginseng, and damiana, and she had seen the studies hinting that those herbs may have sex-enhancing action. What spurred her to study ArginMax was the fact that it contains the amino acid L-arginine. L-arginine is a precursor of nitric oxide, a compound that plays a key role in genital bloodflow and sexual responsiveness. Previous studies had shown that L-arginine increases levels of nitric oxide in laboratory animals.

Dr. Polan was surprised by her study's results: "I didn't expect ArginMax to be effective, let alone as effective as it was." She is quick to point out that ArginMax is not an aphrodisiac in the popular sense of the term—that is, as something that quickly throws libido into overdrive. It takes several weeks to experience the benefit, and not everyone does. Nevertheless, Dr. Polan feels that since ArginMax is safe and inexpensive, women with sex problems may want to give it a try.

Both the male and female formulations of ArginMax are available at most health food stores and supplement shops. Dosage information is printed on the package label.

**Eros Clitoral Therapy Device.** The Eros-CTD is currently the only apparatus FDA-approved to increase sexual arousal in women. Though it was developed to help increase genital bloodflow in women with arousal problems, the vacuum

device has been found to enhance sexuality for all women. In a Boston study of women with normal sexual functioning who used the Eros-CTD, 33 percent of the subjects noticed extra lubrication, 58 percent reported increased clitoral sensations, 33 percent were more easily able to express orgasm, and 25 percent reported greater sexual satisfaction.

The Eros-CTD caused no side effects. It is available by prescription only. If your lover would like to try it, she should talk to her doctor.

**Pheromones.** As discussed in [chapter 1](#), these odorless body chemicals signal sexual interest or availability. Even though pheromone research is still in its infancy, many companies that sell sexual-enhancement products offer perfumes, colognes, massage lotions, and the like that claim to contain these chemicals. There is no way to know if such retail products truly contain enough pheromones to affect sexual desire, but there's no harm in trying them if you're so inclined.

**Triphasic birth control pills.** In a survey of 364 sexually active women, a San Francisco State University researcher compared the sexual effects of monophasic pills, which contain constant doses of estrogen and progestin, and triphasic pills, which vary progestin levels. Women taking triphasic pills reported more sexual interest, sex fantasies, arousal during sex, and sexual satisfaction. Most of the women who used triphasic pills took OrthoNovum 7/7/7.

**Viagra.** The ED drug Viagra has similar physiological action in men and women. In men, it spurs bloodflow into the penis, producing erection. For men who have not been able to have erections, suddenly having them can be a huge libido boost. In women, the drug increases bloodflow into the clitoris, vaginal lips, and vaginal walls. While these changes indicate physiological arousal, it's not clear whether blood engorgement of women's genitals produces emotional arousal: There's a big difference between increased genital bloodflow and women's subjectively reporting that they feel turned on. As of this writing, most studies of Viagra show that the drug improves women's sexual functioning—but only a little.

- Boston researchers surveyed 48 women suffering low desire, arousal difficulty, vaginal dryness, pain on intercourse, difficulty expressing orgasm, and poor overall sexual satisfaction. They all took Viagra for 6 weeks. The drug improved both physiological measures of sexual function and the women's subjective experience of sex, but the improvements were modest.
- Italian researchers gave either a placebo or Viagra to 51 women with poor

arousal and lack of vaginal and clitoral sensation. After 4 weeks, both doses showed arousal benefits over placebo. But while the improvements were statistically significant, they didn't make much difference to the women's subjective experience of sex.

- When UCLA researchers gave Viagra to 202 postmenopausal women with normal and low libido, the drug increased genital sensation and sexual satisfaction a little.
- In a small pilot study, University of New Mexico researchers gave Viagra to nine women suffering sexual side effects from antidepressants. All nine reported substantial sexual benefits.

On the other hand, a few studies of Viagra in women have shown no benefit.

- In a Canadian study of 781 women who complained of arousal problems, Viagra caused no significant increase in arousal but did cause side effects, including headache, flushing, stuffed nose, nausea, and stomach distress.
- Researchers at Columbia University gave Viagra to 30 women with a variety of sex problems. After 3 months, tests showed that the women produced more vaginal lubrication and experienced greater clitoral sensitivity. Subjectively, however, they did not report any sexual improvement.

If a woman wants to try Viagra, does not have high blood pressure, and is not taking nitrate medication for heart disease, there are no medical reasons she shouldn't ask her doctor for a prescription. She may notice some sexual benefits. But Viagra is no miracle cure for low libido and arousal problems in women.

**Voluntary sterilization.** Some studies show that for a year or so after couples opt for voluntary sterilization, sexual frequency increases and satisfaction improves. Sterilization eliminates both concerns about unplanned pregnancy and the hassle of contraception. It's freeing—and that's a turn-on for some couples. However, other studies show no sexual changes after voluntary sterilization.

**Wellbutrin.** Since the introduction of Prozac and its chemical relatives Celexa, Luvox, Paxil, and Zoloft—all collectively known as selective serotonin reuptake inhibitors (SSRIs)—these drugs have become the most popular antidepressants. They usually work well as mood elevators. But in addition to typical antidepressant side effects such as nausea, nervousness, insomnia, diarrhea, dry mouth, and shaky hands (tremor), SSRIs often cause sex problems. Studies suggest that 50 to 80 percent of SSRI users report sexual side effects including libido loss, weak orgasms, inability to express orgasm, and in men,

erection impairment. While many SSRI users insist they're willing to forgo sexual satisfaction to escape the horror of depression, others resent their drug-induced sex problems.

Few people know that another antidepressant, Wellbutrin, is as effective as the SSRIs—and much less likely to cause sexual side effects. In fact, several studies show that Wellbutrin has sex-enhancing effects.

"I've never seen a study showing that any SSRI is significantly superior to Wellbutrin for depression," says drug expert Joe Graedon, coauthor, with his wife, Teresa, of the *People's Pharmacy* books and a syndicated newspaper column and radio program. "Like the SSRIs, Wellbutrin's nonsexual side effects are pretty mild and often transient. But in terms of sexual side effects, we're talking night and day. The SSRIs send your sex life down the toilet. Sex problems with Wellbutrin are possible, but rare. Wellbutrin is more likely to improve your sex life than hurt it."

**Zestra.** This is a genital massage oil that appears to increase bloodflow into the clitoris. Its ingredients include borage seed oil, evening primrose oil, angelica root, coleus forskohlii extract, and vitamin E. Borage seed and evening primrose oils are rich in gammalinolenic acid, a compound that increases the skin's synthesis of a chemical that increases bloodflow and nerve conduction. Angelica root contains osthole, another compound that increases bloodflow. Coleus contains a similar compound. Vitamin E is an antioxidant that helps keep arteries healthy. In the one study published to date, 10 women with normal arousal and 10 with arousal difficulties used either five doses of a placebo oil or Zestra. Regardless of the women's previous arousal levels, those who used Zestra reported significant increases in desire, arousal, genital sensation, sexual pleasure, and ability to express orgasm. Zestra also eliminated sexual side effects in women who were taking antidepressant medication. Though this study was small and cannot be considered definitive, it was published in the respected *Journal of Sex and Marital Therapy*, and it indicated that Zestra caused no side effects. Zestra has not been studied in men, but if you or your partner would like to try it, the Resources section includes purchasing information.

## **SENSUAL AND EMOTIONAL SEX BOOSTERS FOR ALL TIME**

Now that you've read about the pills and products that may help recharge your love life, consider this: During the past 30 years, with the development of

modern sex therapy, it has become clear that chemical aphrodisiacs take a back seat to the way couples live their lives together and make love. As the phrase “make love” implies, sexual quality is something lovers create—and creative lovemaking can be a powerful turn-on. Here are some ways to spark that creativity.

**Get in shape for great sex.** Heed the sex-enhancing lifestyle advice in [chapter 2](#). Eat a plant-based diet that includes at least five daily servings of fruits and vegetables. Cut down on meats, whole-milk dairy products, junk food, fast food, and rich desserts. Don’t have more than two alcoholic drinks a day. Get regular, moderate exercise. Maintain the weight recommended for your height and build. Incorporate a stress-management program into your daily life. Don’t smoke. And get at least 7 hours of sleep a night. All these things will make you feel healthier—and lustier.

**Make sex a priority.** New lovers say, “To hell with renting a video. Let’s make love.” Old lovers say, “Which video?”—and then after watching one, they’re too tired for sex. “If you want to maintain an active sex life, you have to make it a priority,” says Weston. “Make sex dates for times when you both have energy—not late at night when you’re both exhausted.”

**Simmer your desire.** If stale fantasies are limiting your arousal, come up with some exciting new ones. One way is to use simmering, a technique developed by the late sex therapist Bernie Zilbergeld, Ph.D. It involves using daily experiences to tickle your fantasies. Most men have several moments of sexual arousal over the course of a day: the beauty in the Corvette on the way to work, the cute waitress at lunch, the knockout in the elevator, the phone call from the client with the sexy voice. Whenever you become aware of a sexual feeling, focus on it for a few moments. Imagine all the hot fun you’d like to have with each woman who turns you on. Then let go of the thought. An hour later, return to it, relive it, keep it simmering in your mind. Continue replaying your fantasies every few hours. Simmering keeps feelings of arousal bubbling away until you and your partner are ready to make them boil.

**Read a good book.** There’s no shortage of books by psychologists and marriage counselors about how to keep love and libido alive in long-term relationships. But why not go to the source—couples who have done it successfully? In every copy of their best-selling couples board game *An Enchanting Evening*, Barbara and Michael Jonas included a card inviting their customers to describe how they keep their erotic fires burning hot. Based on 30,000 responses, they compiled *The Book of Love, Laughter, and Romance*, a collection of more than 500 suggestions for keeping long-term love exciting and erotic. Reading about other people’s romantic escapades can inspire you and

your partner to create your own. The sex-toy retailers listed among the Resources also offer other examples of erotic literature that can serve as exciting bedtime stories.

**Play a game.** In addition to *An Enchanting Evening*, the Jonases have also developed *SEXsational*, a tastefully erotic romp for those who would rather skip the talk and go straight to the touching. This and many other sex-enhancing games have been produced to help couples initiate provocative play.

**Slow down.** Men usually become sexually aroused more quickly than women do. A sensual, massage-based approach to sex slows things down, allowing women the time they need to become fully aroused, lubricated, and receptive to genital play and intercourse. Unfortunately, pornography teaches men to ignore sensuality and plunge right into intercourse. No wonder women complain that men are too rushed, too mechanical, too focused on women's breasts and genitals, and too preoccupied with intercourse. Slow down—then slow down some more. Savoring sensuality enhances sexual desire, especially for women.

**Give a massage. Get a massage.** A great way to slow down lovemaking is to incorporate formal massage into your sex life. You and your lover might occasionally get professional massages and then make love. Or you might massage each other. Plenty of books and videos teach basic sensual-massage techniques. Find them at your library or in bookstores, or enter the word "massage" in any Internet search engine. Some of the sex-toy companies in the Resources also sell instructional massage videos.

**Use lubricant.** A woman who has a problem with vaginal dryness can experience pain during intercourse. Such discomfort can put a damper on her desire to have sex. A lubricant can make sex more pleasurable—and therefore more enticing.

**Experiment with sex toys.** That faint buzz you hear just might be the vibrator of the couple next door. Vibrators, dildos, and other sex toys were once relegated to the sexual fringe. No longer. The University of California study discussed in the Introduction showed that 10 percent of American couples use vibrators and other sex toys at least occasionally in partner sex. Vibrators are not just masturbation aids for women. They can be great fun—and quite a turn-on—in couple sex.

**Try sexually explicit media.** While I support adults' right to enjoy sexually explicit materials, trying to emulate the sexual style depicted in pornography is a one-way trip to sex problems. That said, once lovers—especially men—understand that porn is fiction and that porn-style sex is not the most fulfilling way to make love, sexually explicit videos, books, and tapes can pique sexual interest and enhance libido.

**Nurture her sexuality.** Here's what Washington, D. C., sex expert Barry McCarthy, Ph.D., coauthor of *Male Sexual Awareness*, considers among the most powerful aphrodisiacs for men: "a woman aware of her sexuality, who's active and involved, who makes clear, direct sexual requests and is sexually responsive." You can help foster this attitude in your mate by adopting the leisurely, playful, whole-body sensual approach to sex advocated throughout this book.

**Minimize her self-consciousness.** In pornography, the gals can't wait to strip down and parade around, showing off their firm, beautiful (and often surgically enhanced) assets. The message to men is that sexy women are exhibitionists. In fact, few women are. You may think your woman's bod is alluring, but guess what? She probably doesn't. Many women view themselves as little more than gelatinous heaps of sagging flesh. At the same time that her nakedness is turning you on, it might be turning her off.

To help her feel better about getting naked, be careful to never criticize her physical imperfections. Even off-hand remarks can really hurt. Give her compliments only. Make sure to tell her that you think she's beautiful and that she turns you on.

You can also utilize dim lighting—candles or a dimmer switch. Physical imperfections become less obvious in dim light.

And unless the woman in your life has a figure like a Barbie doll (and knows it), forget the black lace teddy, the see-through French maid's outfit, and the open-breasted bustier with G-string. The vast majority of lingerie that men buy is too skimpy for most women's tastes. The classic film *Annie Hall* plays this dichotomy for laughs, when Woody Allen gives Diane Keaton a skimpy, black lace bra-and-panty set. She makes a sour face and says, "This is a gift for you." This sentiment perfectly reflects most women's attitude toward revealing lingerie.

Don't write off lingerie entirely. Just rethink it, and it can arouse both of you. "Sexiness is not just about what's hanging out in plain view," says *Great Sex* advisory board member, Marty Klein, Ph.D. "It's also about what's hidden—and then slowly, teasingly revealed. Sexually exciting lingerie is less about what makes a woman look sexy to a man and more about what makes her feel sexy herself." Consider the game of hide and seek. The hiding makes the seeking exciting, and then finding what was hidden becomes a thrill.

Instead of choosing lingerie that displays just about everything, try outfits that allow your lover to reveal her charms at a comfortable pace, in a way that makes her feel alluring and aroused. Sensual full-coverage nightgowns and robes in soft fabrics (ideally silk, which is also warm) won't make her feel self-conscious

about her lovely—but less than perfect—body. “She’ll probably be happier and feel sexier in a calf-length silk nightgown than in any teddy or baby doll,” says Weston. “And when she slowly hikes it up over her knees and her thighs—and then higher—she’ll get excited and so will her man.”

If you really want to see her in a figure-hugging teddy, go lingerie shopping with her. Many stores have dressing rooms large enough for two. The tighter the piece, the more important it is for a woman to be fitted at a store.

**Invest in ambience.** “When lovemaking becomes routine, the stimulating physical setting is usually the first thing to go,” says Weston. “Instead of a deep-pile carpet by a roaring fire in a ski chalet with a magnificent view, it’s a dark bedroom on old sheets when you’re both exhausted.” To help foster a romantic mood, try to sustain greater sensuality in your everyday life. “Appeal to your senses. Arouse all of them,” says Weston. Fill your home with luxurious touches such as clean, soft sheets and pillows; music; scented candles; and the suggestive foods discussed earlier in this chapter. Initiate lovemaking at different times, in different places, or in different ways.

**Dare to be a little sexier.** Even a comfortable, loving home life can become sexually boring. “Fundamentally, couples want stability,” says psychologist David Schnarch, Ph.D., director of the Marriage and Family Health Center in Evergreen, Colorado. “Nothing wrong with that. But it can become too much of a good thing when they stop taking the little risks with each other that keep things interesting—simply because they might rock the relationship. A marriage filled with anxiety is hell on the libido, but so is one that becomes too predictable. I often ask people to recall the most profound sexual experience they’ve ever had. Then I ask, ‘Were you completely comfortable?’ Ninety-nine percent say no. Then they smile.”

Some years ago, Barbara Taylor, a happily married 30-something Canadian on a trip through Europe, handed her passport to a French customs agent. Accidentally wedged inside the document was a photograph of Taylor modeling some lingerie. “I was horrified,” she recalls. The agent broke into a huge grin. He took a moment to admire the photo before handing it back to her, saying only, “Welcome to France.”

A few years later, while researching a book on long-term relationships, Taylor was struck by the fact that much of the glue that kept couples together had to do with magical moments they’d shared—many of which were daring erotic escapades. She wanted her book to capture that magic. But how? The more she thought about it, the less happy she became with writing a book. A game involving adventurous escapades like her encounter with the French customs agent struck her as preferable. She abandoned the book and focused on creating

what became Wildly Sexy Dares, a game of erotic surprises.

Unlike every other couple game, Wildly Sexy Dares breaks away from the traditional format of dice and a game board. “Board games are a time-out from real life,” says Taylor. “I wanted Wildly Sexy Dares to be part of life—to spice it up.”

The game begins with both lovers declaring a dream prize they’d like if they win—something they both enjoy that makes them feel close. Each player then gets a deck of dare cards: 75 cards for him, 75 for her. Each deck is further divided into three levels of play: mild, hot, and extra-spicy. Each card contains a dare worth a certain number of points, a double dare worth more points, and possibly a bonus dare worth even more. “The dares get played out over several weeks or months, as the players weave the sexy antics from their cards into their daily lives,” says Taylor. “One really fun aspect of the game is that players can fulfill dares when their partners least expect it. They create escapades that couples recall fondly for years. As the sex experts say, the greatest aphrodisiac is the mind. Wildly Sexy Dares encourages people to challenge their erotic imaginations.”

Here’s a mild dare for her: She places a pair of her sexiest panties in your pocket before you head off for work (5 points). For the double dare, she wraps the panties around an item she knows you use in front of others: your address book, laptop, cell phone, whatever (10 extra points). She earns the bonus (15 points) if someone else notices the panties before you do.

Here’s a mild dare for you: Kiss her while in the middle of a crosswalk, in front of a row of cars stopped at the light (5 points). For the double dare, make it a long movie star kiss, so intense that she drops something (10 additional points). You get a bonus (15 points) if cars start honking.

In the hot category for her, she poses for sexy pictures in a coin-operated photo booth while you wait outside. She steps out all dressed and asks you to retrieve the photos (10 points). The double dare involves convincing you to join in for a second set of pictures (15 extra points). And for the bonus (20 points), you leave the photos in the little chute for 5 minutes. When strangers look, casually remark that you’re waiting for your pictures to dry.

In one extra-spicy dare for you, you wear a thick, rolled-up sock in your pants at a club or in your bathing suit at the beach (15 points). For the double dare, you pose for photos. And you get the 25 bonus points if anyone asks, “Is that for real?”

Among the extra-spicy cards for her, one dare was inspired by Taylor’s experience at the French border: Your partner takes a roll of sexy boudoir photos of herself. Without telling you about the pictures, she asks you to pick up the

developed prints at the photo shop. As a double dare, she insisting that you view the photos right there in the shop to make sure they turned out okay.

In many couples, one person might be adventurous enough to try extra-spicy dares, while the other is bashful and may have difficulty with even the mild dares. They can still enjoy the game. Players select whichever dares feel comfortable. And a player doesn't have to perform all the dares in his or her deck to win the game. The spicier dares are worth more points, but easier, mild dares add up quickly. "A good analogy is downhill skiing," says Taylor. "You can be a beginner and have as much fun on the slopes as an advanced skier. The fun comes from getting out there and skiing—and pushing yourself to do a little more than you've previously done. In *Wildly Sexy Dares*, no matter what your personal comfort level, you can have fun and, in your own way, act wild and sexy and daring."

Players can raise the stakes higher by wagering some of their points on 25 challenge cards. The challenge cards are sexy contests. In one, both partners imagine a new sex toy for pleasuring the other. The card instructs them to create a prototype using household items. They wager points on who can come up with the most outrageously fun plaything.

The first player to accumulate 1,000 points wins his or her dream prize. Actually, both players win because the game is so much fun—and because they both share the prize.

*Wildly Sexy Dares* is available from the sex toy companies listed in Resources. Or you can always use your own imagination to come up with new and exciting erotic exploits.

**Do some PREP work.** Sexual satisfaction often goes hand in hand with a high level of intimacy in the relationship. In the 1980s, University of Denver researchers led by psychologist Howard Markman, Ph.D., studied dozens of couples and distilled the factors that contributed to the quality of their relationships and their sexual satisfaction. The researchers then began teaching those skills in what became the Prevention and Relationship Enhancement Program (PREP). A 1993 study compared the relationship satisfaction of a group of untrained couples with a group who PREP-trained 4 years earlier. The PREP graduates showed significantly greater relationship satisfaction. When a relationship's overall quality improves, quite often, the sex does, too.

Today, PREP is just one of several programs that offer weekend workshops and longer courses focused on relationship enhancement. PREP workshops are held at various locations around the country. To find a location near you or for information on other, similar services, see the [Resources](#) section.

Falling in love and committing yourself to another person is a big risk—a wildly sexy dare, if you will. But as the years pass and a relationship becomes routine, couples forget that they were ever so daring. So anything that recreates the excitement, discovery, and adventure of falling in love is an aphrodisiac. This just goes to show that the world's greatest sex stimulant is the crazy, wonderful emotion called love. When you nurture your emotional bonds along with your sexual skills, any of a broad range of aphrodisiacs can transform lovemaking from “eh” to ecstatic.

# WHEN SELF-HELP ISN'T ENOUGH

## A COUPLE'S GUIDE TO SEX THERAPY

Diane and Alan, both 41, had two sons and had been married 12 years when they first consulted *Great Sex* advisory board member Louanne Weston, Ph.D. They both loved each other and insisted they had a good marriage. But, they explained, they also had a problem: "It was a classic case of desire difference," Weston explains. Diane was perfectly happy making love once or twice a month, and insisted that most of her friends did it no more than that; most less. Alan wanted sex twice a week or more, and insisted that anything less was "abnormal."

The situation festered for many years. Alan and Diane talked about it periodically, sometimes calmly, sometimes angrily, but the discussion never brought them closer to any resolution. Finally, Alan insisted they see a sex therapist.

Diane consented to sex therapy reluctantly, fearing that Weston would take her husband's side and urge her to have sex more often. Weston did no such thing. She explained that the couple had a very common problem, that there was no "right," "wrong," or "normal" sexual frequency, and that she would do her best to help them solve their problem by reaching a workable compromise that respected both of their feelings. Diane felt reassured.

During weekly sessions that lasted 18 months, Weston asked Alan and Diane about their sex life—and their lives in general. It turned out that their problem involved more than just a desire difference. Diane came from a family with fundamentalist religious beliefs. She was raised to view sex as dirty, especially oral sex. She was willing to perform oral sex on Alan, but refused to receive it, much to Alan's chagrin. She considered her vulva dirty and not fit for her husband's mouth. Alan very much wanted to give his wife oral sex, and felt rejected by her refusal.

Alan felt spurned in other ways as well. In addition to what he considered not

enough sex, Diane was also reluctant to provide the nonsexual affection he craved—hugging, hand-holding, sitting with their arms around each other while watching TV. When he reached out to hug Diane, she often pushed him away, which hurt him. Alan was a successful contractor, but did not make as much money as Diane, a real estate attorney. She wanted to work less and spend more time with their children. She nagged Alan to make more money, which made him feel inadequate, insecure, and angry. When he felt insecure, he wanted the validation and reassurance that affection and sex provided him—which contributed to the strain around their desire difference.

## THE NEWEST MENTAL HEALTH PROFESSION

Among the mental health professions, sex therapy is comparatively new, explains *Great Sex* advisory board member Dennis Sugrue, Ph.D. Sex therapy was born in the 1960s, when sex researchers William Masters, M.D., and Virginia Johnson showed that a combination of three approaches—basic sex education, whole-body sensuality, and instruction in specific sexual techniques—could resolve a surprisingly large proportion of common sex problems. Using the Masters-and-Johnson model and subsequent refinements, many women who had never had orgasms learned to express them, and many men learned ejaculatory control and restored lost or flagging erections.

This was revolutionary. At the time of Masters and Johnson's original work, marriage counselors generally believed that once traditional talk therapy improved troubled relationships, sexual improvement followed automatically. "Marriage counselors didn't focus on sex," Weston explains. "Masters and Johnson showed that by zeroing in on it, sex therapy could usually improve sexual functioning, often without much focus on the relationship."

Initially, sex therapy caused controversy among mental health professionals. "There was a tendency," Weston explains, "for the original sex therapists to say the opposite of what the marriage counselors had been saying—that once the sex problems were resolved, the marriage would automatically improve." In reaction, marriage counselors accused sex therapists of a mechanical "cookbook" approach, and of under-emphasizing the many relationship issues that contribute to sex problems and sexual fulfillment.

Fortunately for today's couples, this controversy is history. Relationship counselors and sex therapists have buried the hatchet. "These days sex therapy almost always involves relationship therapy as well," says Michael Plaut, Ph.D., an associate professor of psychiatry at the University of Maryland School of

Medicine and past president of the Society for Sex Therapy and Research, “Some sex problems are independent of the relationship, for example, involuntary ejaculation in young men. But for most sex problems, you have to deal with both the relationship and the sex.”

Weston agrees: “I wouldn’t say that sex therapy and relationship therapy have merged into one. I still call myself a sex therapist because I specialize in sex problems. But in addition to my sex therapy credentials, I’m also a licensed marriage and family therapist.”

What’s the difference between sex therapy and relationship counseling? “Couple’s counseling,” says Janet Hyde, Ph.D., a professor of psychology at the University of Wisconsin in Madison, and past president of the Society for the Scientific Study of Sex, “often deals with issues of communication and control —how the couple makes decisions and resolves differences of opinion. It may not deal with sex. But when couples consult a sex therapist, sex is always on the agenda.”

In addition, couples counselors and sex therapists have different training. Certification requirements vary from state to state, but in general, sex therapists must be licensed mental health professionals. In addition, they must obtain additional training in sexuality and provide several hundred hours of sex therapy supervised by a mentor sex therapist before they are permitted to provide sex therapy on their own.

Sex therapy has labored under some persistent misconceptions. Some people think those in therapy must have sex in front of—or with—their therapist or some other person, for example, a sex surrogate. Legitimate sex therapists never have sex with their clients. They do not ask clients to have sex in front of them. Some sex therapists work with surrogates, professionals trained to teach whole-body sensuality. The typical candidate for surrogate work is a man who is single, sexually inexperienced, uninformed about sensuality, and possibly phobic about sex and/or women. But very few sex therapists work with surrogates. Sex therapy is basically talk therapy, where couples sit down with a qualified professional to discuss problems that are primarily sexual in nature.

Of course, every marriage has sexual issues: disagreements over sexual frequency, repertoire, the pace of lovemaking, the mix of whole-body and genital caresses, and other issues (undressing for each other, lights on or off, use of sex toys or X-rated media, et cetera). How do you know if your disagreements are serious enough to warrant sex therapy? “It’s subjective,” Hyde says, “but typically people come in when they feel stuck, troubled by a persistent problem they can’t resolve on their own.”

There is no “typical” couple in sex therapy. Plaut has seen clients ranging in

age from 18 to 82, in every stage of relationship—from dating couples just starting to get serious, to people who have been married for decades. But according to Sugrue, the greatest concentration of couples range in age from the late twenties to mid-forties.

## WHAT HAPPENS DURING SEX THERAPY

Sex therapy begins with the clients and therapist getting acquainted. Many people feel uncomfortable talking about sex, so therapists typically ease into the subject by first taking couples' medical histories. "Sexuality can be affected by chronic illness, medications, substance abuse, depression, and other medical issues," Plaut explains. Next, therapists ask about clients' family backgrounds and their relationship history.

Usually toward the end of the first session, the conversation turns to sex. Why are you here? How long has the problem been going on? When does it occur? How are each of you reacting to the problem? "I make it clear," Plaut explains, "that I have no agenda for what their sexual relationship 'ought' to be in terms of what they do together, when they do it, or how often. That's up to them. I see my job as helping them work out a sexual relationship they can both live with comfortably."

Subsequent sessions usually begin with the therapist asking, "So, how are things?" From there, the therapy moves deeper into the couple's problems, with discussion of both sexual and nonsexual issues that appear to be involved in the sex problem. The couple generally does most of the talking. Each one usually talks to the therapist but they may also talk to each other, sometimes at the suggestion of the therapist. The therapist asks questions, or asks for clarification of things the clients have said, or asks one spouse to react to something the other has said. "Couples often come in resenting each other," Weston says. "They don't see the other person's perspective. They're stuck. I try to get them unstuck. When one says something contentious, I try to offer new ways to look at the situation, ways that point to solutions. I try to help them make peace with each other."

Unlike couples' counseling, sex therapy often involves homework. If the couple has misconceptions about sexual basics, the therapist may provide reading material.

If issues emerge that require further discussion, the therapist may ask the couple to continue the discussion at home. If spouses are alienated from each other, the therapist may suggest that they go out on dates and simply have fun

together. “For many couples, the first challenge is making time for each other,” Sugrue explains. “We live in a fast-paced society. Couples often get so caught up in work, or driving the kids to soccer practice, that they have little time or energy left for intimacy. I often encourage couples to spend quality time with each other.”

Homework often involves sensual—but nonsexual—intimacy. For example, hugging more often, cuddling while watching television, or trading massages. “Sensual massage without any genital contact,” Sugrue explains, “can be a great way for couples to rediscover the power of touch without getting caught up in performance concerns of sex.”

Sexual homework usually involves practicing techniques discussed in therapy. “I often encourage couples to try using a lubricant,” Weston says. “If I’m dealing with a man who has poor ejaculatory control or a woman who can’t express orgasm, homework typically involves various forms of focused masturbation.”

Weston recently worked with Susan, a 33-year-old kindergarten teacher who had never had an orgasm, and, after 5 years, got tired of faking them with her husband, Ted. “Usually, these women are so anxious that they can’t relax and let go enough to let their orgasms happen. This woman was like that.”

The therapy involved one sexual issue, Susan’s problem with orgasms, and one nonsexual issue, her guilt over deceiving her husband—and Ted’s hurt and anger over having been deceived for so long. With a lot of talking in therapy, Ted finally forgave Susan, which assuaged her guilt and allowed her to focus on her sex problem. Weston suggested a series of masturbation exercises for Susan to practice at home using a vibrator. With the vibrator’s help, and with support from Ted, over about a year, Susan learned to have orgasms.

Sometimes, however, the resolution of sex problems involves more sex education than relationship counseling. Jeanette, a 32-year-old homemaker and mother of three girls enjoyed sex and could express orgasm during masturbation, or when her husband, Peter, 36, caressed her clitoris by hand or orally—but she could not have orgasms during intercourse, and felt that something was wrong with her. Meanwhile, Peter felt there was something wrong with his lovemaking. They consulted Sugrue, who reassured them that their situation was by no means unusual. He explained that for most women, intercourse doesn’t provide enough clitoral stimulation to trigger orgasm. He reassured Jeanette that there was nothing wrong with her and Peter that his lovemaking was fine. If they wanted Jeanette to experience orgasm during intercourse, he suggested that they add a vibrator to intercourse, or that they try rear-entry (doggie style) intercourse with Peter reaching around and fondling Jeanette’s clitoris by hand. Jeanette and Peter felt reassured and grateful.

## PROBLEMS SEX THERAPY CAN HELP

“The first step toward resolving sex problems,” Plaut explains, “is to consult your family doctor, and maybe a urologist or gynecologist. Many sex problems have medical elements. Unfortunately, doctors often feel uncomfortable dealing with sexual issues. You may have to shop around for a physician comfortable with sexual medicine. If medical treatment doesn’t resolve things to your satisfaction, then it’s time to consider sex therapy—especially if you experience a persistent loss of libido, difficulty becoming aroused, problems expressing orgasm, erection difficulties, or pain during intercourse.”

In the early days, sex therapy clients tended to be women unable to express orgasm, women with vaginal muscle spasms that prevented intercourse (vaginismus), men who lacked ejaculatory control, and men with erectile dysfunction. Sex therapists still treat these problems, but lack of orgasm (pre-orgasmia), vaginismus, and involuntary ejaculation can often be resolved by following the programs recommended by self-help materials, such as this book. (For others, see [Resources](#).)

Today, the primary reasons couples consult sex therapists include:

**Low or diminished sexual desire.** There may be a medical cause, for example, antidepressant medication or low blood levels of testosterone—even in women. Relationship problems and other life stresses may also contribute to libido loss.

**Desire differences.** Both spouses have libidos but, like Alan and Diane, one wants sex more often than the other. Relationship problems and other life stresses may be involved, but in many cases, the people simply have different levels of desire. The stereotype is that men always want sex more frequently than women. Not necessarily. “I’ve seen plenty of couples,” Weston says, “where the woman wanted sex more often than the man.”

**Erection problems.** In 1998, when Viagra was released, some sex therapists feared a loss of business. In fact, Viagra has been a boon to sex therapy. A recent British study shows that since Viagra’s arrival, British sex therapists have experienced increased demand for therapy. “Viagra put erection impairment in the news,” Hyde explains. “Famous men stepped forward and talked about their erection problems. That gave many men permission to admit they had the problem and get help. The research shows that Viagra works best when combined with the kind of talk therapy sex therapists provide.”

**Sexual aversion.** People with this condition not only have no libido, they feel a deep visceral fear of sex and may not know why. Frequently, the cause is past sexual trauma: incest, rape, or sexual exploitation.

**Pain during intercourse.** In addition to vaginismus, there are many other factors that contribute to painful intercourse for women, as discussed in [chapter 9](#).

## SEX THERAPY WORKS

Sex therapists claim considerable success treating all these problems. “In a cooperative relationship where both people are equally committed to working together,” Plaut explains, “sex problems usually improve with therapy. They may not resolve completely, but they usually improve noticeably.”

Studies of sex therapy outcomes support these claims. In a 1997 report published in the *Journal of Sex and Marital Therapy*, researchers at University of Pennsylvania School of Medicine in Philadelphia tracked 365 married couples who sought sex therapy for a variety of problems. In 65 percent of cases, sex therapy resolved the problem. Treatment outcome was unaffected by the specific problem, the gender of the person initially identified as having the problem, or that person’s history of sexual trauma. Among couples who did not respond to sex therapy, the reason often had to do with the presence of a sex-impairing illness, for example, heart disease or diabetes. The researchers concluded, “Sex therapy is effective in the real world.”

However, this study involved cooperative couples, both of whom participated in therapy. Sometimes, one spouse refuses. Then what? “Even when one person has the symptom or complaint,” Hyde explains, “the problem affects the couple, and its solution involves both of them. Sex therapy is not some awful experience. The spouse who wants it should appeal to the other, saying it’s likely to improve their sex and strengthen their relationship, which helps both of them.”

If one spouse still flatly refuses, the one who wants sex therapy can be seen solo. “It’s usually not a good sign,” Plaut says. “It makes you wonder about the level of trust and cooperation in the relationship.” But sometimes, solo sex therapy helps. Researchers in Montreal, Quebec, worked with 50 single men who complained of a variety of sex problems. After 6 months to a year of treatment, they reported significant improvement. “I always prefer to see couples,” Weston explains, “but if only one is willing to come in, that person can still get valuable information, explore feelings, and take home new insights that might help resolve the problem, or persuade the other to join in.”

Some sex problems are easier to treat than others. Sex therapists agree that low libido and desire differences are often particularly challenging—but still treatable. British sex therapists worked with 60 couples troubled by the woman’s

low libido. Fifty-seven percent reported improvement. “Some of my most personally satisfying cases have involved desire discrepancies,” Weston explains, “so there’s certainly hope for couples with this problem. But sometimes I see couples who simply refuse to compromise, who fear intimacy, and who prefer fighting to harmony. Then things are much less likely to work out.”

## **DURATION AND COST**

For most issues, sex therapy typically takes 4 to 6 months of weekly, 1-hour sessions, plus homework. “My shortest course of therapy,” Plaut recalls, “took just seven sessions. My longest is still going on after 3 years. But on average, sex therapy takes 4 to 6 months, 16 to 24 sessions.”

Depending on location, sex therapy costs \$75 to \$175 an hour. Some health insurers cover it, others don’t. And some place limits on the number of covered sessions, after which you pay out-of-pocket. Check your policy.

Some people wonder if the sex therapist’s gender affects the quality of the therapy. “Some people prefer a male or female therapist, which is fine,” Sugrue says. “But the research shows that the therapist’s gender doesn’t matter. Men and women respond equally well to male or female therapists. What matters most is the rapport between the clients and the therapist. If you feel comfortable with the therapist, you’re likely to be helped. If you don’t like the therapist or feel uncomfortable, look for another therapist.”

## **A HAPPY ENDING**

Alan and Diane saw Weston for 44 sessions. During their conversations, Diane revealed a great deal more than she’d ever told Alan about her sexually repressed upbringing and what a struggle it had been—and continued to be—for her to open up to him both sexually and emotionally. This was a revelation to Alan, who apologized for having been so sexually demanding, and expressed irritation and disappointment that his wife had kept such important information a secret. Both Alan and Diane realized that her complaints about being the major breadwinner had less to do with the money than with her need to keep some emotional distance between them. They both also realized that when Diane carped about money, Alan became more sexually needy, which drove the wedge deeper between them. Weston also gave them some educational materials about

oral sex, showing that it was hygienic and safe for women to receive, which helped Diane feel more comfortable about it.

Thanks to sex therapy, Diane stopped putting Alan down for making less money, and he became less sexually demanding. Their relationship became more affectionate, with more of the physical closeness that Alan wanted. Diane tried receiving oral sex, and after some awkwardness, began enjoying it. She still felt less interested in sex than Alan did, but their desire difference became a less thorny issue. They negotiated a compromise sexual frequency. Diane let go of limiting sex to once or twice a month, and Alan let go of insisting on twice a week. They decided to make love once a week, and made an evening of it, dining out at a nice restaurant beforehand—something Diane particularly liked. They enjoyed each other more, had more fun together, and took more pleasure in their lovemaking.

“Good sex is one of life’s greatest pleasures,” Sugrue says. “If you’re not enjoying it as much as you’d like, there’s no reason to feel inadequate, embarrassed, ashamed, or resentful of your partner. Sex therapy can usually help. The effort not only improves the quality of your sex, but also deepens the trust and intimacy in your relationship.”

“Sex is like rubbing your stomach and patting your head at the same time,” Weston explains. “You have to pay attention to your own pleasure, while simultaneously paying attention to your partner’s. Some people don’t pay enough attention to themselves. Some don’t pay enough to their partner. Both situations can cause problems. But just as coaching can help people learn to rub their stomachs while patting their heads, sex therapy can usually help couples in loving relationships overcome their sex problems.”

## HOW TO FIND A SEX THERAPIST

- Ask your family doctor, gynecologist, or urologist. Medical problems contribute to many sex problems, so it’s a good idea to begin with a check-up. If nothing turns up, ask the doctor for a referral to a sex therapist.
- If you feel comfortable doing this, ask friends.
- Call local or state psychological or social work organizations, and ask for referrals.
- Contact any or all of the three leading professional sex-therapy organizations:

The American Association of Sex Educators, Counselors, and Therapists (AASECT), P.O. Box 5488, Richmond, VA 23220; (804) 644-3288; [www.aasect.org](http://www.aasect.org).

The Society for the Scientific Study of Sex (SSSS), P.O. Box 416, Allentown, PA; (610) 530-2483, [www.sexscience.org](http://www.sexscience.org).

The Society for Sex Therapy and Research (SSTAR), 409 12th St., S.W., P.O. Box 96920, Washington, D.C. 20090; (202) 863-1645; [www.sstarnet.org](http://www.sstarnet.org).

- Once you have a short list of possible sex therapists, interview them briefly by phone. Ask about their experience dealing with your problem. Ask about their credentials, approach, when you might arrange sessions, and the cost. Select the one with whom you feel the best rapport.
- If you have great difficulty forming relationships with women, have fears about relationships or women, or are sexually inexperienced and over 30, you might consider surrogate therapy. Most surrogates work in California, a few elsewhere around the United States and Canada. All professional surrogates work with sex therapists. For more information, contact the International Professional Surrogates Association, P.O. Box 4282, Torrance, CA 90510-4282; (323) 469-4720; [ipsa1@aol.com](mailto:ipsa1@aol.com)

# RESOURCES

## THREE EXCELLENT SOURCES FOR EROTIC ENHANCEMENTS AND SEXUAL INFORMATION

The companies listed below sell many of the items recommended throughout this book. They offer money-back guarantees and absolute confidentiality. They package all purchases discreetly and never rent their customer lists.

Good Vibrations

[www.goodvibes.com](http://www.goodvibes.com)

(800) BUY-VIBE (289-8423)

My Pleasure

[www.mypleasure.com](http://www.mypleasure.com)

(866) 697-5327

The Xandria Collection

[www.xandria.com](http://www.xandria.com)

(800) 242-2823

## OTHER ORGANIZATIONS AND RESOURCES

Academy for Guided Imagery

P.O. Box 2070

Mill Valley, CA 94942

(800) 726-2070

[www.interactiveimagery.com](http://www.interactiveimagery.com)

American Association of Sex Educators, Counselors, and Therapists (AASECT)

P.O. Box 5488  
Richmond, VA 23220  
[www.aasect.org](http://www.aasect.org)

American Massage Therapy Association  
820 Davis Street, Suite 100  
Evanston, IL 60201-4444  
(847) 864-0123  
[www.amtamassage.org](http://www.amtamassage.org)

Associated Bodywork and Massage Professionals (ABMT)  
1271 Sugarbush Drive  
Evergreen, CO 80439-9766  
(800) 458-2267  
[www.abmp.com](http://www.abmp.com)

Association for Applied Psychophysiology and Biofeedback (AAPB)  
10200 West 44th Avenue, Suite 304  
Wheat Ridge, CO 80033-2840  
(303) 422-8436  
[www.aapb.org](http://www.aapb.org)

Betty Dodson Online  
*Viva La Vulva* video  
[www.bettydodson.com](http://www.bettydodson.com)

Bisexual Internet Resources  
P.O. Box 77212  
Washington, DC 20013-7212  
(773) 604-1654  
[www.bisexual.org/resources/default.asp](http://www.bisexual.org/resources/default.asp)

Coalition for Positive Sexuality  
P.O. Box 77212  
Washington, DC 20013-7212  
(773) 604-1654  
[www.positive.org](http://www.positive.org)

Essi Systems  
StressMap

70 Otis Street  
San Francisco, CA 94103  
(800) 252-3774  
[www.essisystems.com](http://www.essisystems.com)

Femme Productions  
Woman-friendly explicit videos  
(800) 456-LOVE; in Canada (800) 955-0888

*Great Sex* Web site  
[www.greatsexthebook.com](http://www.greatsexthebook.com)

Incest Survivors Resource Network  
P.O. Box 7375  
Las Cruces, NM 88006-7375  
(505) 521-4260  
[www.jericho.org](http://www.jericho.org)

International Academy of Compounding Pharmacists  
P.O. Box 1365  
Sugar Land, TX 77487  
(800) 927-4227  
[www.iacprx.org](http://www.iacprx.org)

International Pelvic Pain Society  
2006 Brookwood Medical Center Drive, Suite 402  
Birmingham, AL 35209  
(205) 877-2950 or (800) 624-9676  
[www.pelvicpain.org](http://www.pelvicpain.org)

InterVision  
*Relearning Touch: Healing Techniques for Couples* video by Wendy Martz,  
M.S.W.  
261 East 12th Avenue  
Suite 100  
Eugene, OR 97401  
(541) 343-7993  
[www.intervisionmedia.com/products/special1.xhtml](http://www.intervisionmedia.com/products/special1.xhtml)

Marty Klein, Ph.D.

[www.SexEd.org](http://www.SexEd.org)

National Certification Board for Therapeutic Massage and Bodywork  
8201 Greensboro Drive #300  
McLean, VA 22102  
(703) 610-9015  
[www.ncbtmb.com](http://www.ncbtmb.com)

National Institute of Relationship Enhancement  
4400 East-West Highway, Suite 28  
Bethesda, MD 20814-4501  
(301) 986-1479 or (800) 4-FAMILIES  
[www.nire.org](http://www.nire.org)

National Vulvodynia Association  
P.O. Box 4491  
Silver Spring, MD 20914-4491  
(301) 299-0775  
[www.nva.org](http://www.nva.org)

Practical Application of Intimate Relationship Skills (PAIRS) Foundation, Ltd.  
1056 Creekford Drive  
Weston, FL 33326  
(888) PAIRS-4U or (888) 724-7748  
[www.pairs.com](http://www.pairs.com)

Prevention and Relationship Enhancement Program (PREP)  
P.O. Box 102530  
Denver, CO 80250  
(303) 759-9931 or (800) 366-0166  
[www.prepinc.com](http://www.prepinc.com)

QualiLife Pharmaceuticals, Inc.  
Zestra  
61 West Medical Center  
1483 Tobias Gadson Boulevard, Suite 105  
Charleston, SC 29407  
(843) 402-0901 or (877) 4-ZESTRA  
[www.zestraforwomen.com](http://www.zestraforwomen.com)

San Francisco Sex Information  
P.O. Box 881254  
San Francisco, CA 94188-1254  
(415) 989-7374 or (877) 472-SFSI (7374)  
[www.sfsi.org](http://www.sfsi.org)

Sinclair Intimacy Institute  
*Becoming Orgasmic* video and other products  
P.O. Box 8865  
Chapel Hill, NC 27515  
(800) 955-0888  
[www.bettersex.com](http://www.bettersex.com)

Survivors of Incest Anonymous  
P.O. Box 190  
Benson, MD 21018-9998  
(410) 893-3322  
[www.siawso.org](http://www.siawso.org)

Time for Two  
An Enchanting Evening and SEXsational games, *The Book of Love, Laughter, and Romance*, as well as other romance-enhancement products  
No. 471, 7349 Via Paseo Del Sur  
Suite 515  
Scottsdale, AZ 85258  
[www.timefortwo.com](http://www.timefortwo.com)  
(800) 776-7662, ext. 105

UroMetrics, Inc.  
Eros Clitoral Therapy Device  
2022 Ferry Street, Suite 3125  
Anoka, MN 55303  
(763) 323-1968  
[www.urometrics.com](http://www.urometrics.com)

University of Michigan Center for Vulvar Disease  
University of Michigan Health System  
1500 East Medical Center Drive  
Ann Arbor, MI 48109

(734) 936-4000  
[www.med.umich.edu/obgyn/vulva/](http://www.med.umich.edu/obgyn/vulva/)

Vulvar Pain Foundation  
P.O. Drawer 177  
Graham, NC 27253  
(336) 226-0704  
[www.vulvarpainfoundation.org](http://www.vulvarpainfoundation.org)

WebMD  
Advisory Board member Louanne Weston, Ph.D., answers sex questions at  
[www.webmd.com](http://www.webmd.com).

*Space does not permit listing the 51 books and 374 medical journal articles used as sources for this book. If you'd like to review them, visit [www.greatsexthebook.com](http://www.greatsexthebook.com).*

## Notice

This book is intended as a reference volume only, not as a medical manual. The information given here is designed to help you make informed decisions about your health. It is not intended as a substitute for any treatment that may have been prescribed by your doctor. If you suspect that you have a medical problem, we urge you to seek competent medical help.

Mention of specific companies, organizations, or authorities in this book does not imply endorsement by the publisher, nor does mention of specific companies, organizations, or authorities imply that they endorse this book.

Internet addresses and telephone numbers given in this book were accurate at the time it went to press.

## SEX AND VALUES AT RODALE

We believe that an active and healthy sex life, based on mutual consent and respect between partners, is an important component of physical and mental well-being. We also respect that sex is a private matter and that each person has a different opinion of what sexual practices or levels of discourse are appropriate. Rodale is committed to offering responsible, practical advice about sexual matters, supported by accredited professionals and legitimate scientific research. Our goal—for sex and all other topics—is to publish information that empowers people's lives.

© 2004 by Michael Castleman  
Illustrations © by Bonnie Hofkin

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any other information storage and retrieval system, without the written permission of the publisher.

Book design by Tara Long  
Illustrations by Bonnie Hofkin

Cover/part opener photographs © by Pure/Nonstock

Material [here](#)—women's descriptions of their orgasms—comes from *The Good Vibrations Guide to Sex*, by Cathy Winks and Anne Semans (1994). It is reprinted with permission from Cleis Press, San Francisco.

Library of Congress Cataloging-in-Publication Data is on file with the publisher.

ISBN-13 978-1-57954-736-3 hardcover  
ISBN-13 978-1-57954-737-0 trade hardcover  
ISBN-13 978-1-59486-991-4 trade paperback  
ISBN-978-1-62336-1-228 eBook



---

**We inspire and enable people to improve their lives and the world around them.**

For more of our products visit [RodaleWellness.com](http://RodaleWellness.com)